


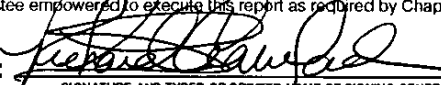
2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 12 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001333			
1. Entity Name CORPORATE CENTER AT VANDERBILT LIMITED PARTNERSHIP			
Principal Place of Business 16835 KERCHEVAL GROSS POINTE, MI 48230		Mailing Address 16835 KERCHEVAL GROSS POINTE, MI 48230	
2. Principal Place of Business 3000 Immokalee Rd Suite, Apt. #, etc. Ste 5 City & State Naples, FL Zip 34110 Country USA		3. Mailing Address 3000 Immokalee Rd. Suite, Apt. #, etc. Ste 5 City & State Naples, FL Zip 34110 Country USA	
4. FEI Number 59-3582978		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENZIES, ROBERT G 850 PARK SHORE DRIVE THIRD FLOOR NAPLES, FL 34103		7. Name and Address of New Registered Agent Name R & A Agents, Inc., Attn: Menzies Robert G. Street Address (P.O. Box Number is Not Acceptable) 850 Park Shore Drive, Third Floor City Naples FL Zip Code 34103	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Robert G. Menzies DATE 4/6/05 Signature, typed or printed name of registered agent and title if applicable.			
9. Capital Contributions as Shown on record. \$5,500,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000093482 MODULAR DEVELOPMENT CO., INC. 16835 KERCHEVAL GROSS POINTE, MI 48230	STREET ADDRESS CITY-ST-ZIP	3000 Immokalee Rd, Ste 5 Naples, FL 34110
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400054034604 05/03/05 01006-022 *4526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: 		4/3/05 (313) 642-2260 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE