

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 21 PM 3:50

**DOCUMENT # A99000001333**

1. Entity Name  
 CORPORATE CENTER AT VANDERBILT LIMITED  
 PARTNERSHIP



Principal Place of Business

3000 IMMOKALEE RD  
 STE 5  
 NAPLES, FL 34110

Mailing Address

3000 IMMOKALEE RD  
 STE 5  
 NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box #

999 Vanderbilt Beach Rd.

3. Mailing Address

999 Vanderbilt Beach Rd.

Suite, Apt. #, etc.

Suite 610

Suite, Apt. #, etc.

Suite 610

City & State

Naples, FL

City & State

Naples, FL

Zip

34108

Country

USA

Zip

34108

Country

USA



03052008

Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3582978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, RICHARD S  
 300 IMMOKALEE RD  
 SUITE 5  
 NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name  
 Crawford, Richard S.  
 Street Address (If O. Box Number is Not Acceptable)  
 999 Vanderbilt Beach Road  
 Suite 610  
 City  
 Naples  
 FL 34108

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

000123959760  
 04/18/08--01007--007 \*\*500.00

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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

DOCUMENT # P98000093482  
 NAME MODULAR DEVELOPMENT CO., INC.  
 STREET ADDRESS 3000 IMMOKALEE RD  
 CITY-ST-ZIP NAPLES, FL 34110

13. ADDRESS CHANGES ONLY

STREET ADDRESS 999 Vanderbilt Beach Rd., Suite 610  
 CITY-ST-ZIP Naples, FL 34108

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Richard S. Crawford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/19/08

Date

239-593-6160

Daytime Phone #

STAPLE CHECK HERE