

PLEASE READ A INSTRUCTIONS BEFORE COME

LIMITED  
PARTNERSHIP  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

333

03 JAN -9 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001333

1. Name of Limited Partnership

Corporate Center at Vanderbilt  
Limited Partnership

2. Principal Office Address

16835 Kercheval

Suite, Apt. #, etc.

City & State

Grosse Pointe, Michigan

Zip

48230

Country

U.S.A.

3. Mailing Office Address

16835 Kercheval

Suite, Apt. #, etc.

City & State

Grosse Pointe, Michigan

Zip

48230

Country

U.S.A.

4. Date Formed or Registered  
To Do Business in Florida

8/12/99

5. FEI Number

59-3582978

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$5,500,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$5,500,000.00

FEES:

1. Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
  2. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
  3. Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name  
Robert G. Menzies

Street Address (P.O. Box Number is Not Acceptable)  
850 Park Shore Drive

Suite, Apt. #, Etc.  
Third Floor

City  
Naples

State  
FL

Zip Code  
34103

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 11-5-02

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

Modular Development  
Co., Inc.

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

16835 Kercheval

City, State and Zip Code

Grosse Pointe, MI

10a. Registration  
Document Number

P98000093482

AL

000009997480  
01/09/03--01063--018 \*\*1026.25

REINSTATEMENT 2002

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Carl D. Craft Vice President

DATE 12/16/02

Typed or Printed Name of General Partner Signing Form Modular Development, Inc.



A LEGAL PROFESSIONAL ASSOCIATION

850 PARK SHORE DRIVE  
TRIANON CENTRE - THIRD FLOOR  
NAPLES, FL 34103  
239.649.2701 DIRECT  
239.649.6200 MAIN  
239.261.3659 FAX

January 8, 2003

**FEDERAL EXPRESS**  
**(850) 245-6051**

Florida Secretary of State  
Division of Corporations  
Attention: Partnership Section  
409 East Gain Street  
Tallahassee, Florida 32399

**Re: Corporate Center at Vanderbilt, Limited Partnership**  
**Document #A99000001333**

Dear Sirs:

Our Firm represents the above-referenced Limited Partnership. I enclose here the Limited Partnership Reinstatement Document referenced above, along with our client's check in the amount of \$1,026.25 payable to the Florida Department of State. That check represents the applicable filing fees and other fees due for this reinstatement. I would appreciate receipt of written confirmation in this regard from your office. Of course, if there is anything more required from my office or from my client, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

*Robert G. Menzies*

*Signed electronically in order  
to expedite delivery*

Robert G. Menzies  
For the Firm

RGM/ys  
Enclosures (as stated)

cc: Carl D. Craft  
Ira Jaffe, Esquire  
Mark Kryzinski, Esquire