2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2006
Secretary of State

DOCUMENT# F05000004021

Entity Name: FTC NAPLES MANAGER, INC.

Current Principal Place of Business:

20844 HARPER AVENUE, SUITE 300
HARPER WOODS, MI 48225

New Principal Place of Business:

3000 IMMOKALEE RD
SUITE 5
NAPLES, FL 34110

Current Mailing Address:

20844 HARPER AVENUE, SUITE 300
HARPER WOODS, MI 48225

New Mailing Address:

3000 IMMOKALEE RD
SUITE 5
NAPLES, FL 34110

FEI Number: 20-3136364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

R&A AGENTS, INC.
850 PARK SHORE DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: RICHARD S CRAWFORD
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CRAWFORD, RICHARD S
Address: 20844 HARPER AVENUE, SUITE 300
City-St-Zip: HARPER WOODS, MI 48225

Title: DVP ( ) Delete
Name: ERB, JOHN
Address: 604 EAST VALLEY CHASE
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: DVP ( ) Delete
Name: JAFFE, IRA J
Address: 2777 FRANKLIN ROAD, SUITE 2500
City-St-Zip: SOUTHFIELD, MI 480348214

Title: DS ( ) Delete
Name: CRAFT, CARL D
Address: 800 NORTH OLD WOODWARD AVE. SUITE 201
City-St-Zip: BIRMINGHAM, MI 48009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CRAWFORD, RICHARD S
Address: 3000 IMMOKALEE RD SUITE 5
City-St-Zip: NAPLES, FL 34110

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD S CRAWFORD DP 10/09/2006
Electronic Signature of Signing Officer or Director Date