

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90075 026 ****50.00

DOCUMENT # L02000032632

1. Entity Name
VANDERBILT MANAGEMENT, LLC



Principal Place of Business

**CRAWFORD NAPLES
16835 KERCHEVAL
GROSSE POINTE, MI 48230**

Mailing Address

**16835 KERCHEVAL
GROSSE POINTE, MI 48230**

24060975



04212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3472599

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MENZIES, ROBERT G
850 PARK SHORE DR
SUITE 300
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	VSTD
NAME	CRAFT, CARL
STREET ADDRESS	44 E LONG LAKE RD
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304
TITLE	ASVD
NAME	JAFFE, IRA
STREET ADDRESS	16835 KERCHEVAL
CITY-ST-ZIP	GROSSE POINTE, MI 48230
TITLE	PD
NAME	CRAWFORD, RICHARD
STREET ADDRESS	16835 KERCHEVAL
CITY-ST-ZIP	GROSSE POINTE, MI 48230
TITLE	D
NAME	ERB, FRED Erb, Fred
STREET ADDRESS	44 E LONG LAKE RD
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #