



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90047 017 ****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		
2. Principal Place of Business 3000 Immokalee Rd. Suite, Apt. #, etc. Suite 5 City & State Naples, FL Zip 34110		3. Mailing Address 3000 Immokalee Rd Suite, Apt. #, etc. Suite 5 City & State Naples, FL Zip 34110			
03312005 Chg-LLC CR2E083 (10/03)		4. FEI Number 38-3472599		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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			
7. Name and Address of New Registered Agent Name Robert G. R & A Agents, Inc., Attn: Menzies 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 4/6/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE VSTD <input type="checkbox"/> Delete NAME CRAFT, CARL STREET ADDRESS 44 E LONG LAKE RD CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304	TITLE ASVD <input type="checkbox"/> Delete NAME JAFFE, IRA STREET ADDRESS 16835 KERCHEVAL CITY-ST-ZIP GROSSE POINTE, MI 48230		TITLE " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 3000 Immokalee Rd, Ste 5 STREET ADDRESS Naples, FL 34110 CITY-ST-ZIP Naples, FL 34110	TITLE " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 3000 Immokalee Rd, Ste 5 STREET ADDRESS Naples, FL 34110 CITY-ST-ZIP Naples, FL 34110	
TITLE PD <input type="checkbox"/> Delete NAME CRAWFORD, RICHARD STREET ADDRESS 16835 KERCHEVAL CITY-ST-ZIP GROSSE POINTE, MI 48230	TITLE D <input type="checkbox"/> Delete NAME ERB, FRED STREET ADDRESS 44 E LONG LAKE RD CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/3/05 Daytime Phone # (239) 593-3777		