2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032632

Name:

Address:

City-St-Zip:

44 E LONG LAKE RD

BLOOMFIELD HILLS, MI 48304

Entity Name: VANDERBILT MANAGEMENT, LLC

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3000 IMMOKALEE RD STE 5 NAPLES, FL 34110 **New Mailing Address: Current Mailing Address:** 3000 IMMOKALEE RD STE 5 NAPLES, FL 34110 FEI Number: 38-3472599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: R& A AGENTS, INC CRAWFORD, RICHARD S 3000 IMMOKÁLEE RD ATTN: ROBERT G MENZIES 850 PARK SHORE DRIVE, THIRD FLOOR SUITE 5 NAPLES, FL 34103 US NAPLES, FL 34110 US 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 01/08/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: **VSTD** Title: () Change () Addition () Delete CRAFT, CARL Name: Name: 44 E LONG LAKE RD Address: Address: City-St-Zip: BLOOMFIELD HILLS, MI 48304 City-St-Zip: Title: ASVD () Delete Title: () Change () Addition Name: JAFFE, IRA Name: Address: 3000 IMMOKALEE RD. STE 5 Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: () Delete Title: () Change () Addition CRAWFORD, RICHARD Name: Name: 3000 TMMOKALEE RD, STE 5 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: () Delete Title: Title: () Change () Addition ERB, FRED

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 is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD S CRAWFORD 01/08/2007