

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90174 028 ***138.75

DOCUMENT # L02000032632 1. Entity Name VANDERBILT MANAGEMENT, LLC <i>FTC cert pay</i>					
Principal Place of Business 3000 IMMOKALEE RD STE 5 NAPLES, FL-34110			Mailing Address 3000 IMMOKALEE RD STE 5 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box # 999 Vanderbilt Beach Rd.		3. Mailing Address 999 Vanderbilt Beach Rd.			
Suite, Apt. #, etc. Suite 610		Suite, Apt. #, etc. Suite 610			
City & State Naples, FL		City & State Naples, FL			
Zip 34108		Zip 34108			
Country USA		Country USA		03052008 Chg-LLC CR2E083 (12/06)	
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 CRAWFORD, RICHARD S 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110			7. Name and Address of New Registered Agent Name Crawford, Richard S. Street Address (P.O. Box Numbers Not Acceptable) 999 Vanderbilt Beach Road Suite 610 City Naples FL Zip Code 34108		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD CRAFT, CARL 44 E LONG LAKE RD BLOOMFIELD HILLS, MI 48304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASVD JAFKE, IRA 3000 IMMOKALEE RD, STE 5 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRAWFORD, RICHARD 3000 IMMOKALEE RD, STE 5 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ERB, FRED 44 E LONG LAKE RD BLOOMFIELD HILLS, MI 48304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Richard Crawford</i> 3/19/08 239-593-6160 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		