LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032632

1. Entity Name

SIGNATURE:

VANDERBILT MANAGEMENT, LLC



FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90756 034 ****50.00

				0000001		
DO NOT WRITE IN THIS SPACE				,		
/i	Place of Business	3. Mailing Address]		
Suite, Apt. #, etc.		S	2 22 4 4 4		134	
	5 Kerchenal	Suite, Apt. #, etc.	ercheval	DO NOT WRIT	E IN THIS SPACE	
City & Stat		City & State		4. FEI Number_	Applied For	
G105	sc Hointe, MI		pinte, MI	4. El Number 38-34 7 259	Not Applicable	
^{Zip} /82	30 Country 1	^{Zip} 48230	Country	5. Certificate of Status Desired	55.00 Additional Fee Required	
	er ger van de state d			7. Name and Address of Current	Registered Agent	
			Name R	nort a Me	07 i P S	
<u> </u>	<u> </u>	WKILE	Street Address (P.O. Box:Number is Not Acceptable)		
	IN THIS	SPACE	<u> </u>	s park sm	TC Drive	
	January (1994) Langer (1994) - San	Y1772	<u> </u>	itc 300		
	a de la compaña de la comp En la compaña de la compaña		City \};	Nes	FL Zip Code	
8. The above	named entity submits this state	ement for the purpose of changing its	s registered office or register	red agent, or both, in the State of Flor	rida. I am familiar with, and accept	
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 registe	ered agent and title if applicable.			DATE	
1			FEE IS \$50.00			
			ole to Florida Departme	nt of State	`.	
			DUE BY MAY 1		-editore tre voi Auge de oedis estresiteis de oedisketidette is itterificije de oedische	
9.	V STD	MEMBERS/MANAGERS	TITLE			
NAME			NAME			
STREET ADDRESS	1 1 1 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
CITY-ST-ZIP	Bloomeich H	115 HI 48304	CITY - ST-ZIP			
TITLE	VASID		TITLE			
NAME CIRCLE ADDRESS	Jaffe, Ira	6		NAME CTOCKY ANDROSE		
STREET ADDRESS CITY-ST-ZIP	16835 Kerche	ଧ୍ୟ - ୮ 48, 48, 19	STREET ADDRESS			
TITLE	Glosse Pointe PD	HI 48990	TITLE			
NAME	Crawford, Rich	na cd	NAME	entropiem primitation (Security Construente Construente Security (Security Construente Security Construente Se Construente Construente (Security Construente Security Construente Security Construente Security Construente S	· ·	
STREET ADDRESS	TADDRESS 16835 Kerchewap		STREET ADDRESS	DO_NOT\	MOITE	
.CITY_SĮ=ZIP	Grosse Point	HI 48-230	CITY-ST-ZIP	THE CONTROL OF THE CO		
TITLE	D Eres		TITLE	IN THIS S	PACE	
NAME STREET ADDRESS	Erb, Fred	10 7d	NAME Street Address			
CITY-ST-ZIP	44 E Long Late Bloomfield Hil	is HI 48304	CITY-ST-ZIP			
TITLE	<u> </u>		TITLE			
NAME			NAME			
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP			Service and appropriate for the first of the service and the first of the service and the serv			
TITLE NAME			TITLE NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CTY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supp on this report is true and accur bility company or the receiver of	lied with this filing does not qualify fo ate and that my signature shall have If trustee empowered to execute this	r the exemption stated in Se the same legal effect as if m report as required by Chapt	ction 119.07(3)(i), Florida Statutes. I nade under oath; that I am a managi er 608. Florida Statutes	further certify that the information ng member or manager of the	