

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90756 034 \*\*\*\*50.00

DOCUMENT # L02000032632

1. Entity Name

VANDERBILT MANAGEMENT, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Crawford Naples

Suite, Apt. #, etc.

116835 Kercheval

Suite, Apt. #, etc.

116835 Kercheval

City & State

Grosse Pointe, MI

City & State

Grosse Pointe, MI

Zip

48230

Country

USA

Zip

48230

Country

USA

4. FEI Number

38-3472599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert G. Menzies

Street Address (P.O. Box Number is Not Acceptable)

850 Park Shore Drive

Suite 300

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSTD  
Craft, Carl  
44 E Long Lake Rd.  
Bloomfield Hills, MI 48304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSTD  
Jaffe, Ira  
116835 Kercheval  
Grosse Pointe MI 48230

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Crawford Richard  
116835 Kercheval  
Grosse Pointe, MI 48230

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Erb, Fred  
44 E Long Lake Rd.  
Bloomfield Hills MI 48304

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/03

Date

(313) 343-8400

Daytime Phone #

CR2E083B (12/02)