

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000098477

Entity Name: FGE MANAGER, INC.**Current Principal Place of Business:**4801 PGA BLVD
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**4801 PGA BLVD
PALM BEACH GARDENS, FL 33418**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUMMINGS, PETER D
4801 PGA BLVD
PALM BEACH GARDENS, FL 33418 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRES
Name FISHER, MARJORIE M
Address TWO TOWNE SQUARE SUITE 900
City-State-Zip: SOUTHFIELD MI 48076

Title VP
Name FISHER, MARY D
Address TWO TOWNE SQUARE SUITE 900
City-State-Zip: SOUTHFIELD MI 48076

Title SEC
Name SHERMAN, JANE F
Address TWO TOWNE SQUARE SUITE 900
City-State-Zip: SOUTHFIELD MI 48076

Title VP
Name CUMMINGS, JULIE F
Address TWO TOWNE SQUARE SUITE 900
City-State-Zip: SOUTHFIELD MI 48076

Title VP
Name FISHER, PHILLIP W
Address TWO TOWNE SQUARE SUITE 900
City-State-Zip: SOUTHFIELD MI 48076

Title A.S.
Name HOWARD, JANET L
Address TWO TOWNE SQUARE SUITE 900
City-State-Zip: SOUTHFIELD MI 48076

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANET HOWARD

A.S.

04/30/2014

Electronic Signature of Signing Officer/Director Detail_____
Date