

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000004364

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC5597284010**

**Entity Name:** CAIDAN MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

1 CAMPUS MARTIUS, SUITE 700  
DETROIT, MI 48226

**Current Mailing Address:**

1 CAMPUS MARTIUS, SUITE 700  
DETROIT, MI 48226 US

**FEI Number: 26-4004494**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title MGR  
Name COTTON, SEAN P  
Address 1 CAMPUS MARTIUS, SUITE 700  
City-State-Zip: DETROIT MI 48226

Title SECR  
Name COTTON, SEAN P  
Address 1 CAMPUS MARTIUS, SUITE 700  
City-State-Zip: DETROIT MI 48226

Title MGR  
Name COTTON, JON B  
Address 1 CAMPUS MARTIUS, SUITE 700  
City-State-Zip: DETROIT MI 48226

Title ATRS  
Name COTTON, JON B  
Address 1 CAMPUS MARTIUS, SUITE 700  
City-State-Zip: DETROIT MI 48226

Title MGR  
Name COTTON, DAVID B M.D.  
Address 1 CAMPUS MARTIUS, SUITE 700  
City-State-Zip: DETROIT MI 48226

Title PRES  
Name COTTON, DAVID B M.D.  
Address 1 CAMPUS MARTIUS, SUITE 700  
City-State-Zip: DETROIT MI 48226

Title MGR  
Name COTTON, MICHAEL D  
Address 1 CAMPUS MARTIUS, SUITE 700  
City-State-Zip: DETROIT MI 48226

Title TREASURER  
Name TOROSIAN, JANICE  
Address 1 CAMPUS MARTIUS, SUITE 700  
City-State-Zip: DETROIT MI 48226

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*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHARLES E. BAKER**

**ATTORNEY**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title OTHER, ATTORNEY  
Name BAKER, CHARLES E  
Address 1 CAMPUS MARTIUS, SUITE 700  
City-State-Zip: DETROIT MI 48226