2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) FILED A01000000379 **DOCUMENT #** 1. Entity Name WINDERMERE SCHOOL PARTNERS, LL.L.P. 03 NOV 12 PM 1:09 SECRETARY DE STATE TALLAHASSEE: FLORIDA Principal Place of Business Mailing Address 6189 WINTER GARDEN-VINELAND RD 6189 WINTER GARDEN-VINELAND RD WINDERMERE FL 34789 WINDERMERE FL 34789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number City & State City & State Applied For 59-3726761 Not Applicable Ζip Country Zin Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERICAN CAMPUS PROPERTIES, INC. Street Address (P.O. Box Number is Not Acceptable) 6189 WINTER GARDEN-VINELAND RD. . - -WINDERMERE FL 34789 City Zip Code FI 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. 10. Amount of Capital Contributions 6316,506 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$6,000,000.00 as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY P99000089390 DOCUMENT # CR2E003 (10/02) STREET ADDRESS THE AMERICAN CAMPUS PROPERITES, INC. NAME 6189 WINTER GARDEN-VINELAND ROAD CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 000018687440 US/09/09/09-01[[[]--USS **15U.[[U DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 400024608024 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNING GENERAL PARTNER