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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUFFIELD LOWMAN

Account Number : I20030000118

: (407)581-9800 Fax Number : (407)581-9801

FLORIDA/FOREIGN LP/LLP

ULTIMATE STUDENT LIVING, LLLP

Certificate of Status	0
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Corporate Filing Menu

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DEC 1.2 2007

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CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP

1.	ULTIMATE STUDENT LIVING, LLLP		
	(Name of Limited Partnership or Limited Liabili Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership 1142 Kelton Avenue, Ocoee, FL 34		
2.	1142 Kelton Avenue, Ocoee, FL 34	761	23
	(Street address of initial designated office)	· · · · · · · · · · · · · · · · · · ·	
3.	1142 Kelton Avenue, Ocoee, FL 34 (Mailing address of initial designated office)	761	= =
4.	Thomas F. Lang .		
	(Name of Registered Agent for Service of Proces	75)	
5.	1142 Kelton Avenue, Ocoee, FL 34 (Florida street address for Registered Agent)	761	
	I hereby accept the appointment as regis oly with the provisions of all statutes relational miliar with and accept the obligations of (Signature of Registered Age	ive to the proper and complete per my position as registered agent.	
7.	If limited partnership elects to be a limited liability partnership, check box ⊠or □		
8.	Name and business address of each general partner:		
	Name	Business Address	FL Doc #, if entity
	Campus Suites, LLC	1142 Kelton Avenue Ocoee, FL 34761	L05000059738
9.	Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State) Signed this		
		2007.	
Campu	is Suites, LLG, General Partner		
Ву:	THUMA		
- -	Thomas F. Lang, Manager		