Division of Corporations Electronic Filing Cover Sheet

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(((H13000070733 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: MACFARLANE FERGUSON & MCMULLEN

Account Number : 076077001654

: (813)273-4229

Fax Number

± (813)273-4396

annual report mailings. Enter only one email address please. **

Email Address:

flartampa@macfar.com

FLORIDA/FOREIGN LP/LLLP

**Enter the email address for this business entity to be used for future

Landmark Apartment Trust of America Holdings, L.P.

| Certificate of Status | 0 |
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March 29, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MACFARLANE FERGUSON & MOMULLEN

SUBJECT: LANDMARK APARTMENT TRUST OF AMERICA HOLDINGS, L.P.

REF: W13000018335

We received your electronically transmitted document. However, the document has not been filed. Plasse make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II FAX Aud. #: E13000070733 Letter Number: 613A00007467

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Landmark Apartment Trust of America Holdings, L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Contact Person

Macfarlane Ferguson McMullen P.A.

Firm/Company

P.O. Box 1531

Address

Tampa, FL 33601

City, State and Zip Code

flartampa@macfar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margina Myers

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

on account

(\$965 Filing Fee and \$35 Registered Agent Fee)

□\$1,000.00 Filing Fees ★\$1,008.75 Filing Fees □\$1,052.50 Filing Fees and Certificate of

and Certified Copy

□ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassec, FL 32314

Application by foreugn limited partnership or Limited Liability: Limited partnership to transact beginess in Florida

| 1. Landmark Apartment Trust of | America He | ldings. | L.P. | | | | The state of the |
|--|--|---------------------------------------|-------------------------|--|---|---------------------------------------|---|
| (Name of Limited Partnership or Limit Acceptable Limited Partnership suffices: Limited Acceptable Limited Liability Limited Partnership: | ed Liability Lie Partnership, Lie | nited Par | tuerable, i | d. | | . • | |
| If name unavailable, name under which the limits | d partnership or in Floride; must | limited I | ability lim | ted parts | orship prop | osos to rogi | ster to transaci |
| 2 Virginia | in Linual must | Centroliti e | 12-27-2 | | | | |
| State or Country of Pormation | | | | | ermotles | | |
| 4. Pederal Employer Identification Number: | 0-4067415 | · · · · · · · · · · · · · · · · · · · | 411 | | | | |
| 5. Name of Registered Agent for Service of Pro- | and Florida | Street A | ddress: | 110 | | | |
| CT Corporation System | | | | | | • | |
| 1200 South Pine Island Rd. | | - | | | | | |
| Plantation, FL 33324 | | | • | | | | |
| 6. I hereby accept the appointment as registered a of all statutes relative to the proper and comple my position as registered agent. | gent and agree it to perform more Services | They dul | es, and I an | n familia | r with and o | ccept the o | bligations of |
| 7. Principal Office: | | الم ومثالدا | 1 | 7- | | | • |
| 4901 Dickens Rd. | | • | Dicken | is Rd | | | |
| Ste. 101 | | Ste. 1 | 01 | | | | |
| Richmond, VA 23230 | | Richn | nond, V | /A 2 | 3230 | 70 T. T. | • |
| 9. If imited permership is a limited liability lim | ited partnerski | p, check | box . | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 10. Name, principal office address, and mailing | address of each | general | partner; | | | | |
| Name of General Partners. | ust of America, (no | Name | of General i | Dariner. | | | |
| Street Address: 4901 Dickens Rd | ., Ste. 101 | Street | Address: | | | | , , , , , , , , , , , , , , , , , , , |
| Richmond, VA 23 | 3230 | | | | - 1 - 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | · · · · · · · · · · · · · · · · · · · | |
| Meiling Address: 4901 Dickens Rd | | | n. | ! • • • • • • | | 41 4 4 4 4 4 | |
| Richmond, VA 23 | 3230 | _, Maltin | g Address: _, | ************************************* | ~~~~ | | , , , , , , , , , , , , , , , , , , , |
| Name of General Parince | | ∵' Name c | of General 3 | Panner: | ***** | · · · · · · · · · · · · · · · · · · · | |
| | | _ | | _ | | | |
| Street Address: | * ; | 7 , 31, 31, 1 | , | | | ··· | |
| | | -4. 5.4-412 | | | | | <u></u> |
| Mailing Address: | | , Mailin | 3 Address: , | | | | · · · · · · · · · · · · · · · · · · · |
| <u> </u> | | | | | | | |

| Name of General Partner: | re 1 of 2 Name of General Partner: |
|---|---|
| Street Address: | Street Address: |
| Mailing Address: | Mailing Address: |
| 11. Effective date, if other than the date of filing. (Effective date cannot be prior to nor more than 90 days after the day. | ate this document is filed by the Florida Department of State.) |
| 12. Attached is a cordificate of existence duly authenticated, not mor Florida Department of State, by the Secretary of State or other office the law of which it is organized. | te than 90 days prior to the delivery of this application to the sial having custody of the cutity's records in the jurisdiction under |
| Signed this Agree day of March | 20_ <mark>13</mark> |
| Signature of | Joseph Lubeck, as Executive Chairman of Landmark Apartment Trust of America, Inc. |
| The individual signing this document affirm that the facts stated be submitted in a document to the Department of State constitutes at the | rein are true and the individual is aware that false information and degree felony as provided for in s.817.155, F.S. |
| Fiting Fees: 51,8 Certified Copy (optional): \$523 Certificate of Status (optional): \$8.7 | - |

Page 2 of 2

Communitarial the Elicyimian



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

A certificate of limited partnership was filed with the Commission on behalf of Landmark Apartment Trust of America Holdings, LP, a limited partnership formed under the laws of VIRGINIA, effective as of December 27, 2005.

As of the date below, this certificate of limited partnership is in effect and the limited partnership is current in the payment of all annual registration fees assessed against it by the Commission.

As of the date below, articles of cancellation have not been filed in this office by Landmark Apartment Trust of America Holdings, LP, a Virginia limited partnership.

Nothing more is hereby certifled.



Signed and Sealed at Richmond on this Date: March 19, 2013

Joel H. Peck, Clerk of the Commission