2000 UNIFORM BUSINESS REPORT (UBR) B9800000658 **DOCUMENT#** 1. Entity Name SECRETARY OF STATE DIVISION OF CORPORATIONS STUDENT APARTMENT CONTRACTORS, LTD. 00 FEB -4 AM 9: 54 Principal Place of Business Mailing Address 6363 WOODWAY, SUITE 1000 6363 WOODWAY, SUITE 1000 HOUSTON TX 77057-1757 HOUSTON TX 77057-1759 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 76-0530970 Not ∸ Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9, Capital Contributions \$0.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. F98000006294 DOCUMENT # STREET ADDRESS NAME DMC BUILDING COMPANY <del>000003128100--</del>9 -02/08/00--01120--002 6363 WOODWAY, SUITE 1000 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77057** CITY-ST-ZIP \*\*\*\*141.25 \*\*\*\*141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADORESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 fue 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 of the receiver or trustee employeed to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

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LULULU JUMAA FUT IN AME OF SIGNING GENERAL PARTNER

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