2002 UNIF	Form Busin	iess rep	ORT	(UBR)
-----------	------------	----------	-----	-------

DOC DUMENT # B99000000020  DUM DEVELOPERS I, LTD.  Name and Address   See WOODWAY, SUITE 1000   See WOODWAY, SUITE 1000   MUSTON TX 77057-1757  Principal Place of Business   See WOODWAY, SUITE 1000   MUSTON TX 77057-1757  2. Principal Place of Business   See WOODWAY, SUITE 1000   MUSTON TX 77057-1757  2. Principal Place of Business   See WOODWAY, SUITE 1000   MUSTON TX 77057-1757  2. Principal Place of Business   See WOODWAY, SUITE 1000   MUSTON TX 77057-1757  2. Principal Place of Business   See WOODWAY, SUITE 1000   MUSTON TX 77057-1757  2. Principal Place of Business   See WOODWAY, SUITE 1000   Muston TX 70057-1757  2. Principal Place of Business   See WOODWAY, SUITE 1000   Muston TX 70057-1757  2. Principal Place of Business   See WOODWAY, SUITE 1000   Muston TX 70057-1757  DUE BY MAY 1, 2002  4. FEI humber 76-0560750   Magnetia TX 70057-1757  Principal Place of Business   See Woodway, Suite 1000   Muston TX 70057-1757  DUE BY MAY 1, 2002  5. Conflictant of Stratus Desired   See Replication of Stratus Desired   See Replication of Stratus Desired   See Replication of See Repli	200	ZUNI	-OUIM DOS		33 NEPU	ו חי	(UDN)		FILE	n	
Principal Pace of Business 858 WOODWAY, SUITE 100 HOUSTON TX 7765/1757  2. Principal Pace of Business Suite, Apt. #, etc.    DUE BY MAY 1, 2002	DOCUMENT # B9900000020										
Principal Place of Business 688 WOODWAY SUTE 1000 HOUSTON TX 77057-1757  2. Principal Place of Business Sute, April #, etc. Su								· I			
Maling Actives Sign WOOWAY, SUITE 1000 HOUSTON TX 77657-1757  \$3. Mailing Actives Suite, Apr. #, etc.  DUE BY MAY 1, 2002  2. Principal Place of Business Suite, Apr. #, etc.  Suite, Apr. #, etc.  City & State City							TALLAHASSEF, ELOPINA				
2. Principal Place of Business 3. Mailing Address 5. Suite, Apt. 4, etc. 6. Suite, Apt. 4, etc. 6. Suite, Apt. 4, etc. 7. Name and Address of Current Registered Agent 7. Name and Address of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable)  PLANTATION F. 33324  City FL Zp Code 8. The above named entity submits this statement for the purpose of changing as registered affice or registered agent, or both, in the State of Fordat.  SIGNATURE  Symbol Desired or prints print statement for the purpose of changing as registered affice or registered agent, or both, in the State of Fordat.  DATE  SUBJECT AGENT AG	Principal Plac	ce of Busines	s	Mai	iling Address					COMPA	
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2002  Zip Country Zip Country 5. Centificate of Status Desired 8. Replied 1. Replie			100	636	63 WOODWAY, SUITE	1000					
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DUE BY MAY 1, 2002	HOUSTON T	X 77057-1757		НО	OUSTON TX 77057-1757	•					
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DUE BY MAY 1, 2002											
City & State  Country  Count	2. Principal I	Place of Busin	ess	3. N	failing Address	,				II <b>ba</b> iki <b>or</b> ul <b>a</b> ri <b>r</b> ul <b>oc</b> iii ( <b>ba</b> i	
Zip Country Zip Country Zip Country S. Cartificate of Status Deered S. RAdditional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 7. A Capital Contributions 8. Superation of Superation State 19. 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 flied to change a general partner.  12. 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 flied to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  13. ADDRESS CHANGES ONLY  14. ADDRESS CHANGES ONLY  15. SIREST ADDRESS CHANGES ONLY  16. SIREST ADDRESS CHANGES ONLY  17. SIREST ADDRESS CHANGES ONLY  18. SIR	Suite, Apt	. #, etc.		Sı	uite, Apt. #, etc.				DUE BY MAY 1, 200	2	
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  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 Fiorida.  SIGNATURE  9. Capital Contributions so Shown or record:  9. Capital Contributions in FL 370 Amount of Capital Contributions in FLORIDA to date.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to Amange a general partner.  12. 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 filled to change a general partner.  12. 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 filled to change a general partner.  12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  SOUNDAMY: MAKE SIRES ADDRESS OF THE MORRESS OFFICE ADDRESS OFFIC	City & Sta	te		С	City & State		4. FEI Numbe	76-0560750	Applied For Not Applicable		
S. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL  Zip Code	Zìp		Country	Zi	Zip Count		itry	5. Certificate	of Status Desired	8.75 Additional	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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 private name of registered agent and tree if applicable.  9. Capital Contributions 3 Shown on record.  10. Amount of Capital Contributions 3 Shown on record.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE  A CENTERAL 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOUBLENT / STUDENT DEPTLOPERS I, INC.  6883 WOODWAY, SUITE 1000  HOUSTON TX 77057-1757  CITY-ST-ZP  DOUBLENT / STREET ADDRESS  CITY-ST-ZP  DOUBLENT / STREET ADDRESS  CITY-ST-ZP  DOUBLENT / STREET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  DOUBLENT / STREET ADDRESS  CITY-ST-ZP  CIT		6. Name	and Address of Current	Registe	ered Agent		N	7. Name and		<del></del>	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  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 Fiorida.  SIGNATURE  9. Capital Contributions as Shown on record.  9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  NOTE: General Partners 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOUGHER!  NUME STREET ADDRESS  STREET ADDRESS  GITY-ST-ZIP  DOUGHORY   STR	C T COR	PORATION :	SYSTEM					7,000			
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, speed or printed name of registered agent and steel applicable.   DATE						Street Address		ss (P.O. Box Numbe	(P.O. Box Number is Not Acceptable)		
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 Fiorida.    Signature   Synuture, Tyred or printed name of registered agent and the if applicable.   CATE	PLANTAT	10N FL 333	24								
SIGNATURE  9. Capital Contributions as Shown on record.  9. Capital Contributions 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.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / INME SIRRET ADDRESS  CITY-ST-2P  DOCUMENT / ST-2P  DOCUMENT / INME SIRRET ADDRESS  CITY-ST-2P  DOCUMENT / INME SIRRET ADDRESS  CI							City		FL	Zip Code	
Signature, speed or printed reams of registered agent and title if applicable.  9. Capital Contributions as Shown on record.  A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-2IP  COCUMENT / NAME  STREET ADDRESS	8. The above	named entity	submits this statement fo	r the pu	rpose of changing its	registere	ed office or regis	stered agent, or both	, in the State of Florida.		
9. Capital Contributions as Shown on record 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / INAME SITUDENT DEVELOPERS I, INC. 6383 WOODWAY, SUITE 1000 HOUSTON TX 77057-1757  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / ST-ZIP  DOC	SIGNATURE	Signature typed	or printed name of registered agent	and title if a	nnolicable						
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / NAME STREET ADDRESS STUDENT DEVELOPERS I, INC. STREET ADDRESS		ontributions on record.	\$0.00		10. Amount of Capita in FLORIDA to da	ate.	0	.00	11. MAKE CHECK PAYABLE T SEE REVERSE SIDE FOR		
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  P9900000229 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS		A G NOTE:	ENERAL PARTNER T General Partners MA	HAT IS	S A BUSINESS EN be changed on the	TITY M	UST BE REGI	STERED AND A	CTIVE WITH THIS OFFICE.	er.	
NAME   STUDENT DEVELOPERS  , INC.   STREET ADDRESS		·	GENERAL PARTNER								
STREET ADDRESS   G363 WOODWAY, SUITE 1000   CITY-ST-ZIP   TODOS181097						STRE	ET ADDRESS				
DOCUMENT   NAME   STREET ADDRESS   *****141.25 ******141.25 *****141.25 *****141.25 *****141.25 *****141.25 *****141.25 *****141.25 *****141.25 *****141.25 *****141.25 *****141.25 *****141.25 *****141.25 *****141.25 *****141.25 *****141.25 ******141.25 ****141.25 ***141.25 ***141.25 ***141.25 ****141.25 ***141.25 ***141.25 ***141.25 ***141.25 ***141.25 *		6363 WOO	DWAY, SUITE 1000			CITY	- ST-7IP	70	100051810	979	
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS		HOUSTON	1X 77057-1757				<u>-04/02/02010080</u>			)08005	
CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS						STRE	ET ADDRESS		****141.25 *	***141.25	
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS						CITY-	-ST-ZIP	s			
STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS STREET ADDRESS STREET ADDRESS						STRE	ET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT I STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS					CITY-	-ST-ZIP	··· •	,,- <sub></sub> ,		
CITY-ST-ZIP  DOCUMENT I  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS						STREE	ET ADDRESS				
NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS						CITY-	ST-ZIP	<del> </del>			
CITY-ST-ZIP  DOCUMENT  NAME  STREET ADDRESS  STREET ADDRESS						STREE	ET ADDRESS				
NAME STREET ADDRESS S						CITY-	ST-ZIP				
	NAME .					STREE	ET ADDRESS				
CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this reporters and accurate and that my signature shall have the same legal effect as if made under path; that I am a General Pather of the limited partners.	CITY-ST-ZIP										

-113.570.0312