

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

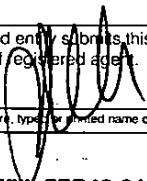
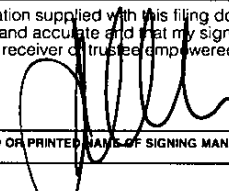
~~\$100.00~~

FILED
05 JAN -6 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



01062005 REIN-LLC CR2E101 (6/04)

DOCUMENT # L00000011892					
1. Entity Name FLORIDA STUDENT HOUSING TRUST, L.L.C.					
Principal Place of Business 3250 MARY ST SUITE 500 COCONUT GROVE, FL 33133			Mailing Address 3250 MARY ST SUITE 500 COCONUT GROVE, FL 33133		
2. Principal Place of Business 800 OCALA RD		3. Mailing Address 800 OCALA RD			
Suite, Apt. #, etc. 300-180		Suite, Apt. #, etc. SUITE 300-180			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL			
Zip 32304	Country USA	Zip 32304	Country USA		
4. FEI Number 65-1055980			Applied For Not Applicable		
5. Certificate of Status Desired ☐			5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent RIEGER, RANDY 3225 AVIATION AVE. COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent Name: JONATHAN D. LEONI Street Address (P.O. Box Number is Not Acceptable) 800 OCALA RD. SUITE 300-180 City: TALLAHASSEE FL Zip Code: 32304		
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 		DATE 1/6/05			
Signature, type or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIEGER, RANDY 3225 AVIATION AVENUE, SUITE 700 COCONUT GROVE, FL 33133	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONATHAN D. LEONI 800 OCALA RD. 300-180 TALLAHASSEE, FL 32304	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART, MARCUS 3225 AVIATION AVENUE, 7TH FLOOR COCONUT GROVE, FL 33133	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300044521623 01/11/05--01035--018 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEMLING, W. PETER 3225 AVIATION AVENUE, 7TH FLOOR COCONUT GROVE, FL 33133	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORRIS, WAYNE O 3225 AVIATION AVENUE, 7TH FLOOR COCONUT GROVE, FL 33133	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		DATE 1/6/05		339-4201	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

REINSTATEMENT 2004-2005

FLORIDA Dept. of State
Sec. of STATE
Div. of Corp.
P.O. Box 6321
TALL. FL. 32314

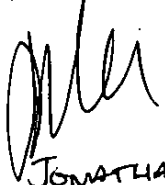
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To whom it may Concern;

I Did not receive my 2004 Renewal notice for
Corp. Doc # L000000¹¹⁸⁹²~~000000~~, Florida Student Housing Trust LLC, due to
Improper mailing address. Please waive all penalties for
the reinstatement.

Thank you



JONATHAN LEONI
FL. Student Housing Trust LLC
800 OCEAN BLVD.
SUITE 300-180
TALL. FL 32304