$100.00

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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

MK

DOCUMENT # L00000011892

1. Entity Name
FLORIDA STUDENT HOUSING TRUST, L.L.C.

Principal Place of Business	Mailing Address
3250 MARY ST SUITE 500 COCONUT GROVE, FL 33133	3250 MARY ST SUITE 500 COCONUT GROVE, FL 33133

2. Principal Place of Business	3. Mailing Address
800 OCALA RD	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

01062005 REIN-LLC CR2E101 (6/04)

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	7. Name and Address of New Registered Agent
RIEGER, RANDY 3225 AVIATION AVE. COCONUT GROVE, FL 33133	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, typed 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	MGR ☒ Delete	TITLE MGR	JONATHAN D. LEONI ☐ Change ☒ Addition
NAME	RIEGER, RANDY	NAME	
STREET ADDRESS	3225 AVIATION AVENUE, SUITE 700	STREET ADDRESS	800 OCALA RD. 300-180
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	MGR ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	STEWART, MARCUS	NAME	
STREET ADDRESS	3225 AVIATION AVENUE, 7TH FLOOR	STREET ADDRESS	300044521623
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	01/11/05--01035--018 **150.00
TITLE	MGR ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	TEMLING, W. PETER	NAME	
STREET ADDRESS	3225 AVIATION AVENUE, 7TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	
TITLE	MGR ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	NORRIS, WAYNE O	NAME	
STREET ADDRESS	3225 AVIATION AVENUE, 7TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT 2004-2005

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: _____ 1/6/05 339-4201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

L00000011892

Florida Dept. of State
Sec. of State
Div. of Corp.
P.O. Box 6327
Tall. Fl. 32314

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TALLAHASSEE, FLORIDA

To whom it may Concern;

I Did not receive my 2004 Renewal notice for Corp. Doc # L00000011892, 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 Ocala Rd.
Suite 300-180
Tall. Fl 32304