$100.00

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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

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

01062005 REIN-LLC CR2E101 (6/04)

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

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 _____ 1/6/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	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	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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NORRIS, WAYNE O 3225 AVIATION AVENUE, 7TH FLOOR COCONUT GROVE, FL 33133	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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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SECRETARY OF STATE
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