


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 APR 27 AM 8:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L01000005861 1. Entity Name STUDENT HOUSING SOLUTIONS, LLC	
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Principal Place of Business 2020 W. PENSACOLA TALLAHASSEE, FL 32304	Mailing Address P.O. BOX 2535 TALLAHASSEE, FL 32316-2535
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 80-0034987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEONI, STEVEN M 2020 WEST PENSACOLA ST SUITE #27 TALLAHASSEE, FL 32304
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONI, STEVEN M PO BOX 2535 TALLAHASSEE, FL 323162575
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05/07/07--01006--020 **\$0.00

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/4/07 850-580-3131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #