LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State
05-05-2003 91433 011 ****50.00

DOCUMENT # L02000034966

1. Entity Name

ROSEN CAMPUS MANAGEMENT HOLDINGS, LLC

44004435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2333 Brickell Ave.,	2333 Brickell Ave
Suite, Apt. #, etc. D-1	Suite, Apt. #, etc. D-1
City & State Miami, FL	City & State Miami, FL
Zip 33129 Country Dade	Zip 33129 Country Dade

4. FEI Number 56-2341646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mary Ann Y. DAvid Esq.
Street Address (P.O. Box Number is Not Acceptable): 2333 Brickell Ave.
Suite D-1
City: Miami FL Zip Code: 33129

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: Mary Ann Y. David — Mary Ann Y. David — 4/30/03 DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Clifford D. Rosen
STREET ADDRESS	2333 Brickell Ave., Suite D-1
CITY-ST-ZIP	Miami, Fl 33129
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CR2E083B (12/02)

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: Clifford D. Rosen — 4/30/03 — (305) 859-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #