


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90053 044 ****50.00

DOCUMENT # L03000015145	
1. Entity Name STUDENT HOUSING, LLC	

Principal Place of Business 9167 BRENDAN LAKE COURT BONITA SPRINGS, FL 34134	Mailing Address 9167 BRENDAN LAKE COURT BONITA SPRINGS, FL 34134
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
04212004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 55-0828829	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	
NOVATT, JEFF M 821 FIFTH AVENUE SOUTH, SUITE 201 CHEFFY, PASSIDOMO, WILSON & JOHNSON NAPLES, FL 34102	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
(NOTE: Registered Agent signature required when reinstating)	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	
NAME	PESSIN, MICHELE	NAME	
STREET ADDRESS	9167 BRENDAN LAKE COURT	STREET ADDRESS	
CITY - ST - ZIP	BONITA SPRINGS, FL 34134	CITY - ST - ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	MGR	TITLE	
NAME	WARNER, LARRY	NAME	
STREET ADDRESS	761 12TH AVENUE SOUTH	STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 34102	CITY - ST - ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Michele Pessin manager</i>	4/21/04 239-390-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #
<i>Michele Pessin Manager</i>	