

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR -4 PM 3:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000956 UNIVERSITY CLUB APARTMENTS OF ORLANDO, L.C. 1713 MAHAN DRIVE SUITE C TALLAHASSEE FL 32308		1a. Principal Place of Business Address 1713 MAHAN DRIVE SUITE C TALLAHASSEE FL 32308			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business Suite, Apt. #, etc. City & State		2a. Mailing Address Suite, Apt. #, etc. City & State		3. Date Organized or Qualified 12/11/1995	
3a. State of Formation FL		4. FEI Number 59-3115016		☐ Applied For ☐ Not Applicable	
5. Date of Last Report 07/03/1996		6. Certificate of Status Desired ☐			
7. Name and Address of Current Registered Agent GEEKER, VAN P 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32301			8. Name and Address of New Registered Agent Name M. Ushan Proctor Street Address (P.O. Box Number is Not Acceptable) 227 South Calhoun Street Suite, Apt. #, etc. City Tallahassee		
Zip Code FL 32301			Zip Code FL 32301		
9. Pursuant to the provisions of Sections 008.416 and 008.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <i>[Signature]</i> (Registered Agent Acceptance Acknowledgment)		SIGNATURE <i>[Signature]</i> (Registered Agent Signature required when revoking)		DATE 3/17/97	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	PROCTOR, THOMAS C	1713 MAHAN DRIVE	TALLAHASSEE FL		
MEM	PRAGER, MCCARTHY & SEA	200 S. ORANGE AVE, STE 190	ORLANDO FL		
MEM	BROWNING, ROBERT JR	1713 MAHAN DR., SUITE C	TALLAHASSEE FL		
MEM	VINEYARD, BENJAMIN	1306 DALE AVE	ST JOSEPH MI		
MEM	DOZIER, LAURIE III	1713 MAHAN DR., SUITE C	TALLAHASSEE FL		
MEM	EDUCATIONAL FACILITIES	1713 MAHAN DR., SUITE C	TALLAHASSEE FL		
<i>[Handwritten Signature]</i>					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>[Signature]</i>		3/17/97		878-0852	
SIGNATURE AND PRINTED NAME OF MANAGING MEMBER OR MANAGER					