



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR -7 PM 5:00 FLORIDA DEPARTMENT OF STATE	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 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			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/11/1995 4. FEI Number 59-3115016 5. Date of Last Report 09/30/1998	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent PROCTOR, M. JULIAN 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32301			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
			700002842837-0 -04/16/99-01101-007 ****188.75 ****188.75 FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, 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 _____				DATE _____	
<small>(If Registered Agent, Accepting Agent, or Secretary, fill in the following information.)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	PROCTOR, THOMAS C	1713 MAHAN DRIVE		TALLAHASSEE FL	
MGR	UNIVERSITY CLUB MANAGE	1713 MAHAN DRIVE, SUITE C		TALLAHASSEE FL	
MEM	BROWNING, ROBERT JR	1713 MAHAN DR., SUITE C		TALLAHASSEE FL	
MEM	VINEYARD, BENJAMIN	3306 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	
T.A. APR 7 1999					

11. I do 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 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:  **4/5/99 856 878-0852**