


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 # L97000001133 UNIVERSITY CLUB APARTMENTS OF CHARLOTTE, 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	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 10/13/1997	3a. State of Formation FL
		4. FEI Number 59-3481474	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent GEEKER, VAN P 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32308		8. Name and Address of New Registered Agent/Office Name PROCTOR, M. JULIAN JR. Street Address (P.O. Box Number is Not Acceptable) 227 SOUTH CALHOUN STREET Suite, Apt. #, etc. City TALLAHASSEE Zip Code FL 32301	
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 <u><i>M. Julian Proctor</i></u> DATE <u>9/29/98</u>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PROCTOR, THOMAS C	1713 MAHAN DRIVE, SUITE C	TALLAHASSEE, FL

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:

Thomas C. Proctor

9/29/98

878-0852

Signature and Printed Name of Signing Manager/Member/Manager

Date

Daytime Phone #