2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800001611 FILED 1. Entity Name 00 JAN 21 PM 3:58 UNIVERSITY CLUB APARTMENTS OF GAINESVILLE, L.L.C SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1713 MAHAN DRIVE, SUITE C 1713 MAHAN DRIVE. SUITE C TALLAHASSEE FL 32308-5201 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3535493 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PROCTOR, M. JULIAN JR. Street Address (P.O. Box Number is Not Acceptable) 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32301 Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. CR2E083 (9/99) MGR Addition Change | TITLE 🔲 Deleta TITLE PROCTOR, THOMAS C SR. NAME MAME 1713 MAHAN DRIVE, SUITE C 100003142721---02/22/00--01043--020 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY- RT- 710 CITY - ST - ZIP *****50.00 Addition | Delete TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- 2T- 7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition | Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Change Addition ☐ Delete TITLE TITLE NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/19/2000 850 878 0852