


142

**2005 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 29 AM 8:49

DOCUMENT # M03000003570			
1. Entity Name UCH GAINESVILLE LLC			
Principal Place of Business 7077 BONNEVAL ROAD, SUITE 600 JACKSONVILLE, FL 32216		Mailing Address 7077 BONNEVAL ROAD, SUITE 600 JACKSONVILLE, FL 32216	
2. Principal Place of Business 3601 KERNAN Blvd S.		3. Mailing Address 3601 KERNAN Blvd. S.	
Suite, Apt. #, etc. OFFICE		Suite, Apt. #, etc. OFFICE	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32224	Country	Zip 32224	Country
4. FEI Number 13-4268014		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 04-05 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLEGE HOUSING II LP 9 CAMPUS DRIVE PARSIPPANY, NJ 07054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR United Campus Property Holdings LP 3601 KERNAN BLVD. S OFFICE JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Michael Boland</u> Vice President - CFO		Date: <u>3-28-05</u> Daytime Phone #: <u>904-564-6000</u>	

March 28, 2005

Deliver via Federal Express

Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

3601 KERNAN BLVD SOUTH
JACKSONVILLE, FL 32224
T 904 564.6000
F 904 564.6001



Re: UCH Gainesville LLC Document NO. M03000003570 Reinstatement

Dear Department of State Representative:

UCH Gainesville LLC hereby request a waiver of reinstatement fees as it did not receive prior notice. Although, address changes were sent to the US postal service, notice was not forwarded.

We have enclosed our check in the amount of \$100.00 payable to the Department of State.

If you have any questions, please contact me at 904-564-6159.

Very truly yours,

A handwritten signature in black ink, appearing to read "J. Michael Boland".

J. Michael Boland
Vice President, Chief Financial Officer