# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Apr 21, 2008**
**Secretary of State**

DOCUMENT# M05000002998

**Entity Name:** CHF-TAMPA, L.L.C.

**Current Principal Place of Business:**

3613 STEIN STREET
MOBILE, AL 36608

**New Principal Place of Business:**

411 JOHNSON AVENUE
SUITE B
FAIRHOPE, AL 36532

**Current Mailing Address:**

3613 STEIN STREET
MOBILE, AL 36608

**New Mailing Address:**

411 JOHNSON AVENUE
SUITE B
FAIRHOPE, AL 36532

**FEI Number: 63-1173425** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: CT CORPORATION SYSTEM

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGRM | ( ) Delete |
| Name: | COLLEGISTE HOUSING F, OUNDATION | |
| Address: | 3613 STEIN STREET | |
| City-St-Zip: | MOBILE, AL 36608 | |
| Title: | P | ( ) Delete |
| Name: | COVEY, LEEMAN | |
| Address: | 3613 STEIN STREET | |
| City-St-Zip: | MOBILE, AL 36608 | |
| Title: | V | ( ) Delete |
| Name: | HICKS, JOHN | |
| Address: | P. O. BOX 20966 | |
| City-St-Zip: | TUSCALOOSA, AL 35402 | |
| Title: | S | ( ) Delete |
| Name: | EDWARDS, JACK | |
| Address: | P. O. BOX 123 | |
| City-St-Zip: | MOBILE, AL 36601 | |
| Title: | D | ( ) Delete |
| Name: | GRIMBLE, STEPHEN | |
| Address: | P. O. BOX 4017 | |
| City-St-Zip: | WILMINGTON, DL 19807 | |
| Title: | D | ( ) Delete |
| Name: | SLAUGHTER, JOHN | |
| Address: | 440 HAMILTON AVE., SUITE 302 | |
| City-St-Zip: | WHITE PLAINS, NY 10601 | |

**ADDITIONS/CHANGES:**

| | | |
|---|---|---|
| Title: | MGRM | (X) Change ( ) Addition |
| Name: | COLLEGIATE HOUSING F, OUNDATION | |
| Address: | 411 JOHNSON AVENUE SUITE B | |
| City-St-Zip: | FAIRHOP, AL 36532 | |
| Title: | P | (X) Change ( ) Addition |
| Name: | COVEY, LEEMAN | |
| Address: | POST OFFICE BOX 1385 | |
| City-St-Zip: | FAIRHOPE, AL 36533 | |
| Title: | D | (X) Change ( ) Addition |
| Name: | HICKS, JOHN | |
| Address: | P. O. BOX 20966 | |
| City-St-Zip: | TUSCALOOSA, AL 35402 | |
| Title: | D | (X) Change ( ) Addition |
| Name: | EDWARDS, JACK | |
| Address: | P. O. BOX 123 | |
| City-St-Zip: | MOBILE, AL 36601 | |
| Title: | D | (X) Change ( ) Addition |
| Name: | DALY, THOMAS M | |
| Address: | 8648 GLASCOW ISLAND LOOP | |
| City-St-Zip: | EDISTO ISLAND, SC 29438 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEEMAN H. COVEY P 04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date