

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001125

**FILED**  
**Apr 25, 2007**  
**Secretary of State**

**Entity Name:** ACC OP-ROYAL GAINESVILLE 3, LLC

**Current Principal Place of Business:**

1605 SOUTH STATE STREET #112  
CHAMPAIGN, IL 61820

**New Principal Place of Business:**

805 LAS CIMAS PARKWAY, SUITE 400  
AUSTIN, TX 78746

**Current Mailing Address:**

1605 SOUTH STATE STREET #112  
CHAMPAIGN, IL 61820

**New Mailing Address:**

805 LAS CIMAS PARKWAY, SUITE 400  
AUSTIN, TX 78746

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HENNEMAN, MICHAEL J  
Address: 1605 SOUTH STATE STREET #112  
City-St-Zip: CHAMPAIGN, IL 61820

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AMERICAN CAMPUS COMM, UNITIES OPERATING PART  
Address: 805 LAS CIMAS PARKWAY, SUITE 400  
City-St-Zip: AUSTIN, TX 78746

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: ED SULLIVAN

VP

04/25/2007

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