

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000705

FILED
Jun 26, 2009
Secretary of State

Entity Name: UNIVERSITY RESIDENCES - TAMPA, LLC

Current Principal Place of Business:

495 S HIGH STREET STE 150
COLUMBUS, OH 43215

New Principal Place of Business:

10921 NORTH MCKINLEY DRIVE
TAMPA, FL 33612

Current Mailing Address:

495 S HIGH STREET STE 150
COLUMBUS, OH 43215

New Mailing Address:

FEI Number: 26-2243644 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:

Name and Address of New Registered Agent:

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

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: TREMONT FAMILY II LLC
Address: 495 S HIGH STREET STE 150
City-St-Zip: COLUMBUS, OH 43215

Title: () Delete
Name:
Address:
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Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO () Change (X) Addition
Name: EDWARDS, PETER H
Address: 495 S. HIGH STREET, SUITE 150
City-St-Zip: COLUMBUS, OH 43215

Title: P () Change (X) Addition
Name: EDWARDS, JEFFREY W
Address: 495 S. HIGH STREET, SUITE 150
City-St-Zip: COLUMBUS, OH 43215

Title: VP () Change (X) Addition
Name: LEIBOLD, JOHN A
Address: 495 S. HIGH STREET, SUITE 150
City-St-Zip: COLUMBUS, OH 43215

Title: VP () Change (X) Addition
Name: DRISCOLL, CHARLES
Address: 495 S. HIGH STREET, SUITE 150
City-St-Zip: COLUMBUS, OH 43215

Title: CFO () Change (X) Addition
Name: HILL, DOUGLAS A
Address: 495 S. HIGH STREET, SUITE 150
City-St-Zip: COLUMBUS, OH 43215

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: DOUGLAS A. HILL

CFO

06/26/2009

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