

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000705

FILED
Jan 13, 2010
Secretary of State

Entity Name: UNIVERSITY RESIDENCES - TAMPA, LLC

Current Principal Place of Business:

10921 NORTH MCKINLEY DRIVE
TAMPA, FL 33612

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

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

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

Title: P
Name: FITE, MICHAEL
Address: 495 S. HIGH STREET, SUITE 150
City-St-Zip: COLUMBUS, OH 43215

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

Title: VP
Name: ULLE, KIMBERLY
Address: 495 S. HIGH STREET, SUITE 150
City-St-Zip: COLUMBUS, OH 43215

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

I hereby 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: TREMONT FAMILY II, LLC

MGR

01/13/2010

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