2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900000061

1. Entity Name

STERLING STUDENT HOUSING, L.L.C.



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90065 006 ****50.00

			GOO WE THO						
Principal Place of Business 3363 WOODWAY, SUITE 1000 HOUSTON TX 77057-1757		Mailing Address 6363 WOODWAY. SUITE 100 HOUSTON TX 77057-1757	00		.a isiis (áil: 8811) 88111 4 8111	Benji uniti 2016 Ti	ans dia	. 1181 2 88 1	
2. Principal Pl	ace of Business	3. Mailing Address							
		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
Suite, Apt. #, etc.								Bad Faa	
City & State		City & State		4. FEI Number	76-0561161		Applied For Not Applicable		
Zip	Country	Zip Country 5. Certificate of Status Desired Fee Requ					ional		
•	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New Regis	tered Agent			
			Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
PLAN	ITATION FL 33324								
			City			FL Zip	Code		
8 The above	named entity submits this statement t	for the purpose of changing its	registered office or regis	stered agent, or both	, in the State of Florida	. I am familiar	with, ar	nd accept	
the obligati	ons of registered agent.								
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent signature requ	ired when reinstating)		DATE			
		Make Check Payabl	OW!!! FEE IS \$50.0 e to Florida Departn e By May 1, 2003						
	MANAGING MEME	DEDC (MANAGERS	10.		ADDITIONS/CH	ANGES			
9.	MGR	Delete	TITLE			Chi	ange	Addition	
TITLE NAME	DMC DEVELOPERS I, LTD.	Delete	NAME						
STREET ADDRESS	6363 WOODWAY, SUITE 1000		STREET ADDRESS						
CITY-ST-ZIP	HOUSTON TX 77057-1757		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			☐ Ch	ange	Addition Addition	
NAME			NAME						
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NAME			NAME .						
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AND THE OF PRINTED MANE OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTA

5/2003 713.570.0312

Daytime Phone:

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