2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P01000071235

Entity Name: KOLLEL GRADUATE STUDENT HOUSING, INC.

Current Principal Place of Business:

1910 ALTON RD.
MIAMI BEACH, FL 33139

New Principal Place of Business:

4000 ALTON ROAD
MIAMI BEACH, FL 33140

Current Mailing Address:

1910 ALTON RD.
MIAMI BEACH, FL 33139

New Mailing Address:

4000 ALTON ROAD
MIAMI BEACH, FL 33140

FEI Number: 65-0278128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, IRA
1910 ALTON RD
MIAMI, FL 33139 US

Name and Address of New Registered Agent:

HILL, IRA
4000 ALTON ROAD
MIAMI, FL 33140 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: 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ZWEIG, JEROME RABBI
Address: 2035 N BAY RD
City-St-Zip: MIAMI, FL 33140

Title: VPT ( ) Delete
Name: ZWEIG, YITZCHAK
Address: 2038 N BAY RD
City-St-Zip: MIAMI, FL 33140

Title: S ( ) Delete
Name: SIMON, MILTON RABBI
Address: 1910 ALTON RD
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPT (X) Change ( ) Addition
Name: ZWEIG, YITZCHAK
Address: 2033 N BAY RD
City-St-Zip: MIAMI, FL 33140

Title: S (X) Change ( ) Addition
Name: SIMON, MILTON RABBI
Address: 4000 ALTON ROAD
City-St-Zip: MIAMI, FL 33139

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA HILL R/A 04/30/2009
Electronic Signature of Signing Officer or Director — Date