

2002 UNIFORM BUSINESS REPORT (UBR)

0017280 AT

DOCUMENT # B000000000104

1. Entity Name
JEFFERSON AT CAMINO REAL, L.P.

REC'D JAN 07 2002

FILED
2002 APR 30 PM 3:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
600 EAST LAS COLINAS BLVD., SUITE 1800
IRVING TX 75039

Mailing Address
P.O. BOX 619091
DALLAS TX 75261-9091

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number 75-2783680
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$7,000,000.00
10. Amount of Capital Contributions in FLORIDA to date. \$8,530,045
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M97000000516	STREET ADDRESS	
NAME	APARTMENT COMMUNITY REALTY LLC	CITY-ST-ZIP	
STREET ADDRESS	600 EAST LAS COLINAS BLVD., SUITE 1800		
CITY-ST-ZIP	IRVING TX 75039		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100005597041--1
STREET ADDRESS			05/22/02 01025 005
CITY-ST-ZIP			***2276.25 ****526.25
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/02 **972556-3821**
Date Daytime Phone #

CR2E003 (9/01)