

2001 UNIFORM BUSINESS REPORT (UBR)

001511 AF

DOCUMENT # B00000000326

1. Entity Name

JEFFERSON AT YOUNG CIRCLE, L.P.

FILED

01 APR 30 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Mailing Address
600 EAST LAS COLINAS BLVD., #1800
IRVING TX 75039

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 619091
Suite, Apt. #, etc.

City & State
DALLAS, TX

Zip
75261-9091

Country

4. FEI Number ☒ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$5,500,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,880,645.81

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

DOCUMENT # M97000000516
NAME APARTMENT COMMUNITY REALTY LLC
STREET ADDRESS 600 EAST LAS COLINAS BLVD., #1800
CITY-ST-ZIP IRVING TX 75039

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
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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: *Joe Flatliff*
Joe Flatliff
Vice President Taxation

4/19/01 9725563821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)