

2002 UNIFORM BUSINESS REPORT (UBR)

0017276 AT

DOCUMENT # B00000000326

1. Entity Name

JEFFERSON AT YOUNG CIRCLE, L.P.

REC'D JAN 07 2002

FILED

2002 APR 30 PM 3:52

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number APPLIED FOR Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. \$5,500,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$5,773,080 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., #1800	STREET ADDRESS	900005597039--7
CITY-ST-ZIP	IRVING TX 75039	CITY-ST-ZIP	-05/22/02--01025--004
DOCUMENT #		CITY-ST-ZIP	***2276.25 ****526.25
NAME		STREET ADDRESS	FF \$506.25
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/02 972-576-3821

Date Daytime Phone #

CP2E003 (9/01)