

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001787 AT

DOCUMENT # B00000000326



1. Entity Name
JEFFERSON AT YOUNG CIRCLE, L.P.

FILED

03 AUG 15 PM 12:00

SECRETARY OF STATE
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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY SEPTEMBER 24, 2003

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. I am familiar with, and accept the obligations of registered agent.

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. \$7,000,000	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	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	
DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100022341681
CITY-ST-ZIP	00-15-03-01014-005 **326.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:
Gray R. Parker
 Executive Vice President and Senior Operational Partner
 Financial Services

Date: **8/11/03** Daytime Phone #: **972-556-1700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (4/03)