

**B0500000209**

Florida Department of State  
Division of Corporations  
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**LP/LLLP REINSTATEMENT**

**JEFFERSON COMMONS ON ORPINGTON, L.P.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$13,000.00

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Corporate Filing Menu


**G. MCLEOD**

Help

JUL 22 2009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # B05000000289 <small>1. Name of Limited Partnership</small> <b>JEFFERSON COMMONS ON ORPINGTON LP</b>			
<small>2. Principal Office Address - No P.O. Box #</small> 600 E LAS COLINAS BLVD		<small>3. Mailing Office Address</small> P O BOX 619091	
<small>Suite, Apt. #, etc.</small> 1800		<small>Suite, Apt. #, etc.</small>	
<small>City &amp; State</small> IRVING, TX		<small>City &amp; State</small> DALLAS, TX	
<small>Zip</small> 75039	<small>COUNTY</small> DALLAS	<small>Zip</small> 75261-9091	<small>COUNTY</small> DALLAS
<small>B. Name and Address of Current Registered Agent</small> Name <b>CSC</b>		<small>4. Date Formed or Registered To Do Business in Florida</small> 6/30/2005	
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 1201 HAYS STREET		<small>5. FEI Number</small> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<small>Suite, Apt. #, Etc.</small>		<small>6. CERTIFICATE OF STATUS DESIRED</small> <input checked="" type="checkbox"/>	
<small>City</small> TALLAHASSEE		<small>State</small> FL	
<small>Zip Code</small> 32301-2525		<small>7. FEES:</small> Filing Fee(s): \$41.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. <input checked="" type="checkbox"/> A \$500 penalty is due for each year or part thereof the entity's Certificate of Authority was revoked on our records, except in circumstances which the entity did not receive the other notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.	
<small>9. Pursuant to the provisions of sections 620.1810 or 620.1900, Florida Statutes, I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.</small> SIGNATURE (Registered Agent Accepting Appointment) <i>Susan Powers, assistant secretary</i> DATE <i>7/21/09</i> (REGISTERED AGENT MUST SIGN)			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<small>10. Name(s) of General Partner(s)</small> APARTMENT COMMUNITY REALTY LLC	<small>Address of Each General Partner (Do NOT Use Post Office Box Numbers)</small> 600 E LAS COLINAS BLVD SUITE 1800	<small>City, State and Zip Code</small> IRVING, TX 75039-9091	<small>10a. Registration Document Number</small> M97000000516
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
<small>11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 633, Florida Statutes.</small>			
SIGNATURE <i>Thomas F. Kavanagh</i> Thomas F. Kavanagh		DATE <i>7/21/09</i>	
<small>Typed or Printed Name of General Partner Signing Form</small> Vice President		<small>Telephone Number</small>	

CR2E039 (1/07)