

# BOS00000289

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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DIVISION OF CORPORATION  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

### LP/LLLP REINSTATEMENT JEFFERSON COMMONS ON ORPINGTON, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

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11/10/2010 9:27:27 AM PAGE 1/001 F. NO. 384 rver P. 2



November 10, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
JEFFERSON COMMONS ON ORPINGTON, L.P.  
PO BOX 619091  
DALLAS, TX 75261-9091

SUBJECT: JEFFERSON COMMONS ON ORPINGTON, L.P.  
REF: B05000000289

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The General Partner must be active.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II


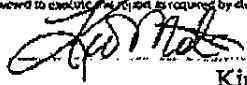
FAX Aud. #:  
Letter Number: 610A00026430

**RESUBMIT** 6p on  
Please give original 12th  
submission date as file date.

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DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 NOV 12 PM 4:37

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E039 (05/10)	
DOCUMENT # <b>B0505000209</b>					
1. Name of Limited Partnership <b>JEFFERSON COMMONS ON ORPINGTON, L.P.</b>					
2. Principal Office Address - No P.O. Box # <b>600 E. Las Colinas Blvd.</b>			3. Mailing Office Address <b>P.O. Box 619091</b>		
Suite, Apt. #, etc. <b>Suite 1800</b>			Suite, Apt. #, etc.		
City & State <b>Irving, TX</b>			City & State <b>Dallas, TX</b>		
Zip <b>75039</b>	Country <b>USA</b>	Zip <b>75261-9091</b>	Country <b>USA</b>	4. Date Formed or Registered To Do Business in Florida <b>06/30/2005</b>	
5. FEI Number <b>20-3175394</b>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$875 Additional Fee required for a Certificate of Status	
7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$800 for each year or part thereof limited partnership revoked on our records.					
8. Name and Address of Current Registered Agent					
Name <b>CSC</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>					
Suite, Apt. #, Etc.					
City <b>TALLAHASSEE</b>			State <b>FL</b>	Zip Code <b>32301-2525</b>	
9. Pursuant to the provisions of section 620.1810 or 620.1820, Florida Statutes, I hereby accept the appointment of registered agent, I am transferor, and accept the obligations of Chapter 620, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
10. Name(s) of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Number)		City, State and Zip Code	
Apartment Community Realty LLC		600 E. Las Colinas Blvd. Suite 1800		Irving, TX 75039	
				10a. Registration Document Number <b>M97000000516</b>	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
11. I do hereby certify that the information supplied with the 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 downward classified 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 effects 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 620, Florida Statutes.					
SIGNATURE 			DATE <b>11/08/2010</b>		
Typed or Printed Name of General Partner Signing Form <b>Kirk Molsenbocker-Executive Vice President</b>			Telephone Number <b>972-556-1700</b>		