


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


0001766 AT

DOCUMENT # B96000000495	
1. Entity Name JEFFERSON AT WYNDHAM LAKES, LTD.	

Principal Place of Business 600 E. LAS COLINAS BLVD. CIGNA TOWER, SUITE 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
2003 AUG 21 AM 11:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., SUITE 105 TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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. \$8,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$8,000,000	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	STREET ADDRESS	08/21/03--01051--002 **926.25
NAME	APARTMENT COMMUNITY REALTY LLC	CITY-ST-ZIP	
STREET ADDRESS	600 E. LAS COLINAS BLVD., SUITE 1800	STREET ADDRESS	100822460441
CITY-ST-ZIP	IRVING TX 75039	CITY-ST-ZIP	08/21/03--01051--002 **926.25
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **Executive Vice President and Senior Operational Partner**
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **8/11/03** Daytime Phone #: **972-556-1700**

STAPLE CHECK HERE

CR2E003 (4/03)