

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000485

1. Entity Name

JEFFERSON COMMONS - TALLAHASSEE LIMITED PARTNERS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY - 1 PM 1:33

Principal Place of Business: 600 E. LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039
Mailing Address: 600 E. LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039-5625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
Mailing Address: PO Box 619091
City & State: Dallas, TX
Zip: 75261-9091

3. City & State: Dallas, TX
Country: [Blank]
4. FEI Number: 75-2725203
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank] FL Zip Code: [Blank]

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$6,000,000.00**
10. Amount of Capital Contributions in FLORIDA to date: **4,948,020.00**
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	
DOCUMENT #	M97000000516
NAME	APARTMENT COMMUNITY REALTY LLC
STREET ADDRESS	600 E. LAS COLINAS BLVD., SUITE 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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	200003286542--8
CITY - ST - ZIP	-06/13/00--01029--002
STREET ADDRESS	***526.25 ***526.25
CITY - ST - ZIP	
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)(l), 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 689, Florida Statutes.

SIGNATURE: [Signature] **Signed as Elected Vice President, Taxation Officer of LLC**
Date: 4/26/00 Daytime Phone #: 972-556-3821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #