

# 2002 UNIFORM BUSINESS REPORT (UBR)

0017285 AT

**DOCUMENT # B97000000485**  
 1. Entity Name  
**JEFFERSON COMMONS - TALLAHASSEE LIMITED PARTNERS**  
**HIP**

**FILED**

02 APR 30 PM 4: 21

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**RJH**

**REC'D JAN 07 2002**

Principal Place of Business  
**600 E. LAS COLINAS BLVD., SUITE 1800**  
**IRVING TX 75039**

Mailing Address  
**P.O. BOX 619091**  
**DALLAS TX 75261-9091**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number  
**75-2725203**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$6,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$3,943,977**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M97000000516**  
 NAME **APARTMENT COMMUNITY REALTY LLC**  
 STREET ADDRESS **600 E. LAS COLINAS BLVD., SUITE 1800**  
 CITY-ST-ZIP **IRVING TX 75039**

STREET ADDRESS  
 CITY-ST-ZIP

**100005505281--4**  
**-05/13/02--01015--008**  
**\*\*\*526.25 \*\*\*526.25**

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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: **Joe Ratliff**  
**Joe Ratliff**  
**Vice President Taxation**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/26/02** **9725563821**  
 Date Daytime Phone #

CR2E003 (9/01)