

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001788 AT

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



FILED

2003 AUG 21 AM 11:54

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



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 SEPTEMBER 24, 2003

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. 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. **\$6,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$6,000,000.00**

**11. MAKE CHECK PAYABLE TO FL. 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 # **M9700000516**
 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 **300022480593**
08/21/03--01051--006 **926.25

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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)(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: *[Signature]* **SIGNATURE REQUIRED**
 Executive Vice President and Senior Operational Partner
 Financial Services
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/11/03 **972.556.1700**
 Date Daytime Phone #

CR2E003 (4/03)

SIMPLE CHECK HERE