

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000336**

1. Entity Name

JEFFERSON ARBOUR LIMITED PARTNERSHIP

FILED

00 MAY 22 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Mailing Address
600 EAST LAS COLINAS BLVD., SUITE 1800
IRVING TX 75039-5625

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

3. Mailing Address
PO BOX 619091
Suite, Apt. #, etc.

City & State
Dallas, TX

4. FEI Number
75-2766036

Applied For
 Not Applicable

Zip
75261-9091

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

9. Capital Contributions as Shown on record. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # NAME STREET ADDRESS CITY - ST - ZIP	M9700000516 APARTMENT COMMUNITY REALTY LLC 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039	STREET ADDRESS CITY - ST - ZIP	
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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: **SIGNATURE REQUIRED** *[Signature]* **Vice President, Taxation**
Signed as Elected Officer of LLC **4/26/00** **972-556-3821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____

CR2E003 (9/99)