## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # \*\* B98000000579 1. Entity Name FILED JEFFERSON AT FLAGLER, L.P. RFCD JAN 07 2002 2002 APR 30 PM 4: 02 Principal Place of Business Mailing Address DIVILION OF CORPORATIONS TALLAHASSEE, FLORIDA 1800 CIGNA TOWER P.O. BOX 619091 600 EAST LAS COLINAS TOWER DALLAS TX 75261-9091 IRVING TX 75039 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 75-2783680 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions 383,723 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$15,000,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY CR2E003 (9/01) M97000000516 DOCUMENT # STREET ADDRESS APARTMENT COMMUNITY REALTY LLC 600 EAST LAS COLINAS BLVD., 1800 CIGNA TWR STREET ADDRESS CITY-ST-ZIP **IRVING TX 75039** CITY-ST-ZIP <u>900005597049--6</u> -05/22/02--01025--006 DOCUMENT # STREET ADDRESS NAME \*\*\*\*526.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # FF \$506.05 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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:

4/24/02 972586382