

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000579

1. Entity Name  
JEFFERSON AT FLAGLER, L.P.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB -5 PM 12:10

Principal Place of Business  
1800 CIGNA TOWER  
600 EAST LAS COLINAS TOWER  
IRVING TX 75039

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 75-2783680

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

DATE

9. Capital Contributions as Shown on record. \$17,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 15,833,723

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 # M97000000516  
NAME APARTMENT COMMUNITY REALTY LLC  
STREET ADDRESS 600 EAST LAS COLINAS BLVD., 1800 CIGNA TWR  
CITY-ST-ZIP IRVING TX 75039

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000011797040  
02/05/03--01007--011 \*\*526.25

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 Section 620, Florida Statutes.

Signature: \_\_\_\_\_  
Executive Vice President and Senior Operational Partner  
Financial Services

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0017500 AT

CR2E003 (10/02)

STAPLE CHECK HERE