

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000047

1. Entity Name

JEFFERSON AT THARPE 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 E. LAS COLINAS BLVD., SUITE 1800
IRVING TX 75039

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

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

3. Mailing Address
PO BOX 69091
Suite, Apt. #, etc.

City & State
Dallas Tx

City & State
Dallas Tx

Zip
75261-9091

Country

4. FEI Number

Applied For
Not Applicable

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. \$11,000,000.00

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 #	M99000000338	STREET ADDRESS	800003300298--3
NAME	JPI GENPAR REALTY LLC	CITY - ST - ZIP	-06/22/00--01008--018
STREET ADDRESS	600 E. LAS COLINAS BLVD., SUITE 1800		****526.25 ****526.25
CITY - ST - ZIP	IRVING TX 75039		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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 62, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNED AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Vice President, Taxation
Signed as Elected
Officer of LLC

4/26/00

972-556-3821

Date Daytime Phone #

CF2EC03 (5/99)