

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000197**

1. Entity Name
JEFFERSON PEMBROKE, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY - 1 PM 1:33

Principal Place of Business 1800 CIGNA TOWER 600 EAST LAS COLINAS BLVD. IRVING TX 75039	Mailing Address 1800 CIGNA TOWER 600 EAST LAS COLINAS BLVD. IRVING TX 75039-5616
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address PO BOX # 619091
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Dallas, TX	City & State
Zip 75261-9091	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 6,603,299.83	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	900003286659--3
STREET ADDRESS	-05713700--01031--024
CITY - ST - ZIP	****526.25 ****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 Chapter 689, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** **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 #

1654113 EOC - 30