

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000230**

1. Entity Name

JEFFERSON COMMONS - TAMPA LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 1PM 1:33

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: PO Box 619091
City & State: Dallas, TX
Zip: 75261-9091

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
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: _____ 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: **\$9,000,000.00**
10. Amount of Capital Contributions in FLORIDA to date: **7,561,620.17**
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 #	M97000000516	STREET ADDRESS	
NAME	APARTMENT COMMUNITY REALTY, LLC	CITY - ST - ZIP	200003286662-4
STREET ADDRESS	600 EAST LAS COLINAS BLVD., SUITE 1800		-06/13/00--01031--025
CITY - ST - ZIP	IRVING TX 75039		****526.25 ****526.25
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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 620, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **Signed as Elected Vice President, Taxation Officer of LLC** Date: **4/26/00** Daytime Phone #: **972-556-3821**