

# 2002 UNIFORM BUSINESS REPORT (UBR)

0017276 AI

DOCUMENT # **B99000000230**

1. Entity Name

**JEFFERSON COMMONS - TAMPA LIMITED PARTNERSHIP**

REC'D JAN 07 2002

FILED

02 APR 30 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business <b>600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039</b>	Mailing Address <b>P.O. BOX 619091 DALLAS TX 75261-9091</b>
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>75-2464813</b>	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

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

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

10. Amount of Capital Contributions in FLORIDA to date. **\$7,094,554**

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	
DOCUMENT #	<b>M9700000516</b>
NAME	<b>APARTMENT COMMUNITY REALTY, LLC</b>
STREET ADDRESS	<b>600 EAST LAS COLINAS BLVD., SUITE 1800</b>
CITY-ST-ZIP	<b>IRVING TX 75039</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>300005505273--9</b>
STREET ADDRESS	<b>-05/13/02--01015--004</b>
CITY-ST-ZIP	<b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Joe Ratliff* **Joe Ratliff** Vice President Taxation **3/26/02** **972-556-3821**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)

STAPLE CHECK HERE