

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001772 AT

DOCUMENT # B99000000230



FILED

2003 AUG 21 AM 11:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



1. Entity Name
JEFFERSON COMMONS - TAMPA LIMITED PARTNERSHIP

Principal Place of Business
600 EAST LAS COLINAS BLVD., SUITE 1800
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 SEPTEMBER 24, 2003

City & State

City & State

4. FEI Number 75-2464813

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 _____ 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. 59,000,000

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 #	NAME
MS97000000516	APARTMENT COMMUNITY REALTY, LLC
	600 EAST LAS COLINAS BLVD., SUITE 1800
	IRVING TX 75039
DOCUMENT #	NAME
	STREET ADDRESS
	CITY-ST-ZIP
DOCUMENT #	NAME
	STREET ADDRESS
	CITY-ST-ZIP
DOCUMENT #	NAME
	STREET ADDRESS
	CITY-ST-ZIP
DOCUMENT #	NAME
	STREET ADDRESS
	CITY-ST-ZIP
DOCUMENT #	NAME
	STREET ADDRESS
	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP
100022480664	08/21/03--01051--007 **926.25

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 620, Florida Statutes

SIGNATURE: *Clay A. Parker* **SIGNATURE REQUIRED** Executive Vice President and Senior Operational Partner
Date: 8/11/03 Daytime Phone #: 972-556-1700

CR2E003 (4/03)

STAPLE CHECK HERE