CR2E003 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

B01000000366 DOCUMENT # FILED 1. Entity Name JEFFERSON AT ALAFAYA LIMITED PARTNERSHIP REC'D JAN 14 2002 02 APR 30 PM 4: 21 Principal Place of Business Mailing Address SECRETARY OF STAFE 600 EAST LAS COLINAS BLVD., SUITE 1800 TALLAHASSEE FLORIDA 600 EAST LAS COLINAS BLVD., SUITE 1800 DALLAS TX 75035 DALLAS TX 75035 3. Mailing Address 619091 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number 75-Z961238 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired YAUAS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CORPORATION SERVICE COMPANY** Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zin 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 Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions in FLORIDA to date. \$\frac{4}{3}\$, 293, 60 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$8,750,000,00 as Shown on record. 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 ADDRESS CHANGES ONLY M97000000516 DOCUMENT # STREET ADDRESS APARTMENT COMMUNITY REALTY LLC NAME 600 EAST LAS COLINAS BLVD., SUITE 1800 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75035 CITY-ST-7IP 800005505278---05/13/02--01015--007 DOCUMENT # STREET ADDRESS ****526.25 ****526.25 NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 as execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

URE REQUICE President Taxation

3/26/02 972-5%-3821