

2002 UNIFORM BUSINESS REPORT (UBR)

0020207 AB

DOCUMENT # B01000000404

1. Entity Name

JEFFERSON PLACE, L.P.

FILED

02 REC'D FEB 4 2002

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



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

2. Principal Place of Business

3. Mailing Address

P.O. Box 619091

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

DALLAS, TX

4. FEI Number

75-2965867

Applied For

Not Applicable

Zip

Country

Zip

Country

75261-9091

DALLAS

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$8,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

-0-

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Joe Ratliff
Vice President Taxation

3/26/02 912-556-3821

Date Daytime Phone #

CR2E003 (9/01)