

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B02000000107

1. Entity Name  
JEFFERSON LOFTS AT ORLANDO LIMITED PARTNERSHIP



FILED

2003 AUG 21 AM 11:53

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number

☒ 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

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

DATE

9. Capital Contributions  
as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. \$10,000,000.00

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 # M97000000516  
NAME APARTMENT COMMUNITY REALTY LLC  
STREET ADDRESS 600 EAST LAS COLINAS BLVD., SUITE 1800  
CITY-ST-ZIP IRVING TX 75039

STREET ADDRESS

CITY-ST-ZIP

400022480584

09/21/03 01051 005 \*\*326.25

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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 in accordance with Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Executive Vice President and Senior Operational Partner

8/11/03

972.556.1700

Date

Daytime Phone #

CR2E003 (4/03)

0003276 MB

STAPLE CHECK HERE