

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000039

1. Entity Name

JEFFERSON AT ST. JOHNS LIMITED PARTNERSHIP

Principal Place of Business

600 EAST LAS COLINAS BLVD., STE. 1800
IRVING TX 75039

Mailing Address

600 EAST LAS COLINAS BLVD., STE. 1800
IRVING TX 75039-5625

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO Box 619091

City & State

City & State

Dallas, TX

Zip

Country

Zip

75261-9091

Country

4. FEI Number

75-2687492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 1:33

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$3,179,001.00

10. Amount of Capital Contributions
in FLORIDA to date.

3,179,000.00

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 # F93000001072
NAME CARMIL CAPITAL CORPORATION
STREET ADDRESS 600 EAST LAS COLINAS BLVD., STE. 1800
CITY - ST - ZIP IRVING TX 75039

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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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

4/26/00

972-556-3821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #