

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000039**

1. Entity Name

JEFFERSON AT ST. JOHNS LIMITED PARTNERSHIP

REC'D JAN 07 2002

FILED

02 APR 30 PM 4:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**600 EAST LAS COLINAS BLVD., STE. 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.

City & State City & State

Zip Country Zip Country

4. FEI Number **75-2687492** Applied For Not Applicable

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

9. Capital Contributions as Shown on record. **\$3,179,001.00** 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 # NAME STREET ADDRESS CITY-ST-ZIP	F93000001072 CARMIL CAPITAL CORPORATION 600 EAST LAS COLINAS BLVD., STE. 1800 IRVING TX 75039	STREET ADDRESS 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
(Vice President Taxation)

3/26/02 972-556-3821

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)