

B9700000467

APPLICATION FOR
REGISTRATION



FLORIDA DEPARTMENT OF STATE
Barbara S. Norman
Secretary
DIVISION OF CORPORATIONS

FILED

98 JUL 24 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # B97000000467
1. Name of Limited Partnership
Jefferson Summitt L.P.

2. Mailing Address 600 E. Las Colinas Blvd. Suite, Apt. #, etc. Suite 1800 City & State Irving, TX Zip 75039 Country USA	3. Principal Office Address 600 E. Las Colinas Blvd. Suite, Apt. #, etc. Suite 1800 City & State Irving, TX Zip 75039 Country USA
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4. Date Formed or Registered To Do Business in Florida 9/3/97	5. FEI Number 75-2725206	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		7. State or Country of Formation Delaware

8a. Capital Contributions as Shown on Record
\$5,000,000

8b. Amount of Capital Contributions in FLORIDA to date
\$5,152,974

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent
Coporation Services Company
1201 Hays Street
Tallahassee, FL 32301

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

FF \$526.25
PF 500.00

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Apartment Community Realty LLC	600 E. Las Colinas Blvd. Suite 1800	Irving, TX 75039	M97000000516

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***2778.25 ***1026.25

STATEMENT 98

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE C. Christopher Harris DATE 7/8/98
Typed or Printed Name of General Partner Signing Form C. Christopher Harris Telephone Number 972-556-3821

CR2E039 (12/97)