

**2002 UNIFORM BUSINESS REPORT (UBR)**

001/2/00 AI

**DOCUMENT # B97000000467**

1. Entity Name  
**JEFFERSON SUMMIT, L.P.**

**REC'D JAN 07 2002**

**FILED**  
**02 APR 30 PM 4:21**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business  
**600 E. LAS COLINAS BLVD., SUITE 1800  
IRVING TX 75039**

Mailing Address  
**P.O. BOX 619091  
DALLAS TX 75261-9091**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

4. FEI Number **75-2725206**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$6,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$4,471,809**

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 E. LAS COLINAS BLVD., SUITE 1800**  
CITY - ST - ZIP **IRVING TX 75039**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

**580005505275--2**  
**-05/13/02--01015--005**  
**\*\*\*526.25 \*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 as required by Chapter 620, Florida Statutes

SIGNATURE: *Joe Ratliff*  
**Joe Ratliff**  
Vice President Taxation

**3/26/02 972-556-3821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)

STAPLE CHECK HERE