


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001773 AT

<b>DOCUMENT # B97000000467</b> 1. Entity Name <b>JEFFERSON SUMMIT, L.P.</b>	
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FILED

03 AUG 15 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>600 E. LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039</b>	Mailing Address <b>P.O. BOX 619091 DALLAS TX 75261-9091</b>
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2. Principal Place of Business	3. Mailing Address	<b>DUE BY SEPTEMBER 24, 2003</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>75-2725206</b>	
City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$6,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>46,000,000</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 # <b>M97000000516</b> NAME <b>APARTMENT COMMUNITY REALTY LLC</b> STREET ADDRESS <b>600 E. LAS COLINAS BLVD., SUITE 1800</b> CITY-ST-ZIP <b>IRVING TX 75039</b>	STREET ADDRESS  CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS <b>400022344964</b> CITY-ST-ZIP <b>03/15/03--01034--008 **328.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	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:**  **Clay A. Parker**  
 Executive Vice President and Senior Operational Partner  
 Financial Services

Date: **8/11/03** Daytime Phone #: **972-556-1700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003 (4/03)