

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC -1 AM 11:06

1. Name of Limited Partnership

1a. DOCUMENT #

B97000000511

Jefferson at Doral, L.P.

Mailing Address

Principal Office Address

600 E. Las Colinas Blvd.  
Suite 1800  
Irving, Texas 75039

600 E. Las Colinas Blvd  
Suite 1800  
Irving, Texas 75039

3. Date Formed or Registered

9  
10-30-97

5a. Capital Contributions as  
Shown on record

\$6,200,000.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date

2. Mailing Address

2a. Principal Office Address

600 E. Las Colinas Blvd  
Suite, Apt. #, etc.  
Suite 1800

600 E. Las Colinas Blvd  
Suite, Apt. #, etc.  
Suite 1800

City & State

City & State

Irving, Texas

Irving, Texas

Zip

Country

Zip

Country

4. State or Country of Formation

Florida

6. FEI Number

75-2728399

☐ Applied For  
☒ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

Corporation Service Company  
1201 Hays Street  
Suite 105  
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

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. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

Apartment Community  
Realty, LLC

600 E. Las Colinas  
Suite 1800

Irving, Texas 75039

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m97000000  
316

7000002364647--7  
-12/05/97--01104--020  
\*\*\*541.25 \*\*\*541.25

dec

**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

DATE

11/20/97

Typed or Printed Name of General Partner Signing Form

C. Christopher Harris

Daytime Telephone Number

912-556-3821

CR2E003 (5/97)