

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000511

1. Entity Name

JEFFERSON AT DORAL, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

Principal Place of Business

600 E. LAS COLINAS BLVD., SUITE 1800
IRVING TX 75039

Mailing Address

600 E. LAS COLINAS BLVD., SUITE 1800
IRVING TX 75039-5625

2. Principal Place of Business

Mailing Address

PO BOX 619091

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dallas Tx

Zip

Country

Zip

75264-9091

Country

4. FEI Number

75-2728399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$12,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

8,092,665.00

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

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 629, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Vice President, Taxation
Signed as Elected
Officer of LLC

4/24/00

972-556-3821

Date

Daytime Phone #