2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State
02-28-2002 90067 031 ***150.00
08-04-2002 90166 038 ***550.00

DOCUMENT # F01000003983

1. Entity Name
WEST PORT COLONY APARTMENTS, INC.

Principal Place of Business	Mailing Address
C/O INVESCO INC. 5400 LBJ FREEWAY. LB 2. SUITE 700 DALLAS TX 75240	C/O INVESCO INC. 5400 LBJ FREEWAY. LB 2. SUITE 700 DALLAS TX 75240

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 75-2949315 APPLIED FOR ☐ Applied For ☐ Not Applicable

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
CORPDIRECT AGENTS 103 NORTH MERIDIAN STREET, LOWER LEVEL TALLAHASSEE FL 32301	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FARMER, DAVID N 5400 LBJ FREEWAY, LB2, SUITE 700 DALLAS TX 75240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD RAGSDALE, RONALD L 5400 LBJ FREEWAY, LB2, SUITE 700 DALLAS TX 75240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS KIRBY, MICHAEL 5400 LBJ FREEWAY, LB2, SUITE 700 DALLAS TX 75240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS BOIKO, TERRELL 5400 LBJ FREEWAY, LB2, SUITE 700 DALLAS TX 75240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS JOHNSON, KEVIN 5400 LBJ FREEWAY, LB2, SUITE 700 DALLAS TX 75240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS KITTLES, SALLY 5400 LBJ FREEWAY, LB2, SUITE 700 DALLAS TX 75240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] Kevin Johnson 7/24/02 972-715-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 41808

08/03/2001 15:12 FAX 512 460 8000 IRS TELETIN #F0100003983 002/002

Jul 2001 11:16 P.02

INVESCO Fax:972-715-5817

Form **SS-4** (Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN 75-2949315

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
WEST PORT COLONY APARTMENTS, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
Invesco Realty Advisors, Inc.

4a Mailing address (street address) (room, apt., or suite no.)
5400 LBJ Freeway #700

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Dallas, TX 75240

5b City, state, and ZIP code

6 County and state where principal business is located
Dallas, TX

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ►
David Farmer, President 449-04-8321

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National Guard
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator-SSN ___
- ☐ Other corporation (specify) ►
- ☐ Trust
- ☐ Federal Government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization
- ☒ Other nonprofit organization (specify) ► 501 (c) (25) (enter GEN if applicable) ___
- ☐ Other (specify) ►

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: DELAWARE — Foreign country:

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ►
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ►
- ☐ Banking purpose (specify) ►
- ☐ Changed type of organization (specify) ►
- ☐ Purchased going business
- ☐ Created a trust (specify) ►
- ☐ Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.)
6/27/01

11 Closing month of accounting year (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (Mo., day, year) ► N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-.* (See instructions.) ►	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (See instructions.) ► Acquiring and holding title to real estate

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☒ N/A
☐ Public (retail) ☐ Other (specify) ►

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
972-715-7400

Fax telephone number (include area code)
972-715-5817

Name and title (Please type or print clearly.) ► Dorothy Jenkins, Treasurer

Signature ► [signature] Date ► 7/25/01

Note: *Do not write below this line. For official use only.*

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying