
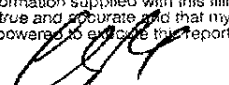


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # B00000000103					
1. Entry Name JEFFERSON ON THE IMPERIAL RIVER, L.P.					
Principal Place of Business 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING, TX 75039			Mailing Address P.O. BOX 619091 DALLAS, TX 75261-9091		
2. Principal Place of Business		3. Mailing Address			
Suite Apt # etc		Suite, Apt #, etc			
City & State		City & State			
Zip	Country	Zip	Country	01122004 Chg-LP CR2E003 (10/03)	
4. FEI Number 75-2870747			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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. I am familiar with, and accept the obligations of registered agent.					
* SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$10,000,000.00		10. Amount of Capital Contributions in FLORIDA to date			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M99000000338	STREET ADDRESS			
NAME	JPI GENPAR REALTY LLC ✓	CITY-ST-ZIP			
STREET ADDRESS	600 EAST LAS COLINAS BLVD., SUITE 1800		U00000087220 03/15/04-80002-006 526.25		
CITY-ST-ZIP	IRVING, TX 75039				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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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)(c), 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		1/26/04 972-556-1700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE