


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

**FILED
May 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # B00000000337

1. Entity Name
JEFFERSON AT DOUGLAS ENTRANCE, 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: Suite Apt # etc

3. Mailing Address: Suite Apt # etc

01122004 Chg-LP CR2E003 (10/03)

City & State: City & State

Zip: Country Zip: Country

4. FEI Number: 75-2904373

Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

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: _____

9. Capital Contributions as Shown on record: \$8,000,000

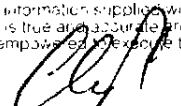
10. Amount of Capital Contributions in FLORIDA to date: - 0 -

**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 #	M99000000338	STREET ADDRESS	
NAME	JPI GENPAR REALTY LLC	CITY-ST-ZIP	
STREET ADDRESS	600 EAST LAS COLINAS BLVD., SUITE 1800		
CITY-ST-ZIP	IRVING, TX 75039		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

000000160774
05/18/04-80002-006 141.25

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, Chapter 620, Florida Statutes.

SIGNATURE:  Executive Vice President and Senior Operational Partner
Financial Services

Date: 1/26/04 Daytime Phone #: 972-556-1722

STATE OF FLORIDA