

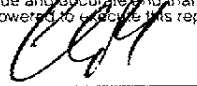


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # B01000000366 1. Entry Name JEFFERSON AT ALAFAYA LIMITED PARTNERSHIP					
Principal Place of Business 600 EAST LAS COLINAS BLVD., SUITE 1800 DALLAS, TX 75035				Mailing Address P.O. BOX 619091 DALLAS, TX 75261-9091	
2. Principal Place of Business Suite, Apt # etc.		3. Mailing Address Suite, Apt # etc.			
City & State		City & State		01122004 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 75-2961238	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$8,750,000.00		10. Amount of Capital Contributions in FLORIDA to date. 87,500,000			
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 EAST LAS COLINAS BLVD., SUITE 1800 CITY - ST - ZIP DALLAS, TX 75035				STREET ADDRESS CITY - ST - ZIP U000000087228 03/15/04-80002-009-526-25	
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)(f), 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: 				Date 1/26/04 Daytime Phone # 972 556-1750	
Executive Vice President and Senior Operational Partner Financial Services				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

STAPLE CHECK HERE