


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # B96000000495 1. Entity Name JEFFERSON AT WYNDHAM LAKES, LTD.					
Principal Place of Business 600 E. LAS COLINAS BLVD. CIGNA TOWER, 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	4. FEI Number 75-2682896	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., SUITE 105 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable</small>					
9. Capital Contributions as Shown on record. \$8,000,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$ 526.25		
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		STREET ADDRESS		
NAME	APARTMENT COMMUNITY REALTY LLC		CITY - ST - ZIP		
STREET ADDRESS	600 E. LAS COLINAS BLVD., SUITE 1800		STREET ADDRESS		
CITY - ST - ZIP	IRVING, TX 75039		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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 620, Florida Statutes					
SIGNATURE: <u>Thomas F. Kavanagh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Thomas F. Kavanagh Asst. Vice President Date <u>1/25/05</u> Daytime Phone # _____		

STAPLE CHECK HERE

