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

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

DOCUMENT # B9700000485  1. Entity Name JEFFERSON COMMONS - TALLAHASSEE LIMITED PARTNERSHIP		Secretary of State		
Principal Place of Business 600 E. LAS COLINAS BLVD., SUITE 180 IRVING, TX 75039	Mailing Address 0 P.O. BOX 619091 DALLAS, TX 75261-98	091		
Principal Place of Business     3. Mailing Address				
Suite, Apr. #. etc.	Suite, Apt. #, etc.		01122004 Chg-LP CR2E003 (10/03)	
City & State City & State			4. FEI Number Applied For 75-2725203 Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent Name	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Street Addre	ss (P.O. Box Number is Not Acceptable)	
		City	EL Zip Code	
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 DATE				
9. Capital Contributions as Snown on record. \$6,000,000.00 In FLORIDA to date.				
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 HOUSEMAN MO2080003435		13.	ADDRESS CHANGES ONLY	
MAME JPI GENPAR REALTY V LLC STREET ADDRESS 600 E. LAS COLINAS BLVD., SUITE 1800 CITY-ST-ZIP IRVING, TX 75039		STREET ABDRESS CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS	U00000087213	
STREET ADDRESS CITY - ST. ZIP		CITY+SI-70P	03/15/04 80002 003 526,25	
DOGUMENT # NAME		STREET ADDRESS		
CIREET ADDRESS CITY-ST-ZIP		CITY-SI-ZIP		
DOCUMENT# NAME		STREET ADDRESS		
STREET ADDRESS CHTY-ST-ZP		CHY-ST-ZIP		
DOCUMENT # MAME		STREET ADDRESS		
STREET ADDRESS CXTY+ST+ZIP		Cify-SI-ZIP		
DOCUMENT * NAME		STREET ADDRESS		
STREET ADDRESS CHY+ST-ZIP		CRY-SI-ZIP		
14. I horeby 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 accordate 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 against the factor 620, Florida Statutes.				

Executive Vice President and Senior Operational Partner

Financial Services.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: