

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # B98000000579

1. Entity Name
JEFFERSON AT FLAGLER, L.P.



Principal Place of Business
1800 CIGNA TOWER
600 EAST LAS COLINAS TOWER
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.

City & State

Zip

Country



01122004 Chg-LP CR2E003 (10/03)

4. FEI Number
75-2783680

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 **\$17,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date **187,234**

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 EAST LAS COLINAS BLVD., 1800 CIGNA TWR		
CITY-ST-ZIP	IRVING, TX 75039		
DOCUMENT #		STREET ADDRESS	
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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)(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 the limited partnership 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 #

STATE CHECK HERE