


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # B99000000047

1. Entity Name
JEFFERSON AT THARPE LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
600 E. LAS COLINAS BLVD., SUITE 1800 **P.O. BOX 619091**
IRVING, TX 75039 **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



01122004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
75-2795282 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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record \$14,000,000.00 10. Amount of Capital Contributions 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 13. ADDRESS CHANGES ONLY

DOCUMENT # M02000003435
 NAME JPI GENPAR REALTY V LLC ✓
 STREET ADDRESS 600 E. LAS COLINAS BLVD., SUITE 1800
 CITY-ST-ZIP IRVING, TX 75039

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
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 CITY-ST-ZIP

STREET ADDRESS 11000000087210
 CITY-ST-ZIP 03/15/04-80002-001 526.25

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 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 this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Clay A. Parker* Clay A. Parker 1/26/04 972-556-1700
 Executive Vice President and Senior Operational Partner
SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE