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

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## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # B03000000288 JEFFERSON AT BOYNTON BEACH, L.P. NL MAR - 1 AM 9: 26 Principal Place of Business Mailing Address 2711 CENTERVILLE RD. STE 400 600 E. LAS COLINAS BLVD, STE. 1800 WILMINGTON, DE 19808 IRVING, TX 75039 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FL 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 Signature, typed or printed name of registered agent and little if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$4,000,000.00 as Shown on record in ELORIDA 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. M97000000516 DOCUMENT # STREET ADDRESS APARTMENT COMMUNITY REALTY LLC STREET ADDRESS 600 E LAS COLINAS BLVD, #1800 CITY-ST-ZIP CITY-ST-ZiP IRVING, TX 75039 DOCUMENT # 700030233907 STREET ADDRESS 03/10/04--01049--020 \*\*526 NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SE-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information curate 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 exercise the report as recording by Ghapter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is true and the receiver or trustee empowered. 1/26/54 972-556-170= Executive Vice President and Senior Operational Partner Financial Services SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE:

Daytime Phone #