


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR -1 AM 9:26

<b>DOCUMENT # B03000000288</b>	
1. Entity Name JEFFERSON AT BOYNTON BEACH, L.P.	

Principal Place of Business 2711 CENTERVILLE RD, STE 400 WILMINGTON, DE 19808	Mailing Address 600 E. LAS COLINAS BLVD, STE. 1800 IRVING, TX 75039
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01122004	Chg-LP	CR2E003 (10/03)
4. FEI Number	<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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

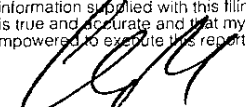
9. Capital Contributions as Shown on record. \$4,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be 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, #1800		
CITY-ST-ZIP	IRVING, TX 75039		
DOCUMENT #		STREET ADDRESS	700030233907
NAME		CITY-ST-ZIP	03/10/04-01049-020 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  Executive Vice President and Senior Operational Partner  
 Financial Services

Date: 1/26/04 Daytime Phone #: 972-556-1700