

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 12 PM 1:15

1. Name of Limited Partnership Jefferson Summit, L.P.		1a. DOCUMENT # B97000000467	
Mailing Address 600 E. Las Colinas Blvd. Suite 1800 Irving, TX 75039		Principal Office Address 600 E. Las Colinas Blvd. Suite 1800 Irvine, TX 75039	
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

3. Date Form Was Received 9/3/97	5a. Capital Contributions Shareholder's total \$6,000,000.00
3a. Date of Last Report 7/8/98	5b. Amount of Capital Contributions in FL COMBA profile \$5,146,750.00
4. State of Incorporation Delaware	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
b. FIC Number 75-2725206	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Department of State District	8. Multiple Jurisdiction Dept. of State Business Sub. Form Numbered

9. Name and Address of Current Registered Agent

Corporation Services Company
1201 Hays Street
Tallahassee, FL 32301

10. Name of New Registered Agent Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City

FL *[Signature]*

10a. Pursuant to the provisions of sections 620.10(1) and 620.19, Florida Statutes, the above named limited partnership agrees to register for the first time in the State of Florida, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change will be authorized by the general partner(s). If the party listed the appointment of a registered agent, I am familiar with, and accept the obligations of section 620.19, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) Apartment Community Realty, LLC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 600 E. Las Colinas Blvd. Suite 1800	11b. City, State & Zip Code Irving, TX 75039	11c. Registered in Department of State M97000000516
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g) Florida Statutes. I declare the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, partner, or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE 3/30/99
Typed or Printed Name of General Partner Signing Form **Joe Ratliff** Digital Telephone Number 972-556-1700

CR2E003 (12/98)