


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # B97000000467

1. Entity Name
 JEFFERSON SUMMIT, L.P.



Principal Place of Business: 600 E. LAS COLINAS BLVD., SUITE 1800 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: _____



6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

4. FEI Number: 75-2725206
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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: \$6,000,000.00
 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 #	M97000000516	STREET ADDRESS	
NAME	APARTMENT COMMUNITY REALTY LLC	CITY-ST-ZIP	
STREET ADDRESS	600 E. LAS COLINAS BLVD., SUITE 1800		
CITY-ST-ZIP	IRVING, TX 75039		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: [Signature] **Executive Vice President and Senior Operational Partner** 1/26/04 972-556-1733
 Financial Services
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #