
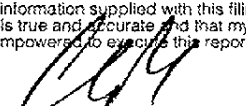


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

<b>DOCUMENT # B99000000230</b> 1. Entity Name <b>JEFFERSON COMMONS - TAMPA LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>600 EAST LAS COLINAS BLVD., SUITE 1800          IRVING, TX 75039</b>			Mailing Address <b>P.O. BOX 619091          DALLAS, TX 75261-9091</b>		
2. Principal Place of Business Suite Apt #, etc. _____ City & State _____ Zip _____ Country _____			3. Mailing Address Suite, Apt # etc _____ City & State _____ Zip _____ Country _____		
4. FEI Number <b>75-2464813</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record <b>\$9,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. _____		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	M97000000516		STREET ADDRESS		
NAME	APARTMENT COMMUNITY REALTY, LLC		CITY-ST-ZIP		
STREET ADDRESS	600 EAST LAS COLINAS BLVD., SUITE 1800 ✓		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75039		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			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)(f), 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					
<b>SIGNATURE:</b> 			<b>Executive Vice President and Senior Operational Partner</b> <b>Financial Services</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small> <b>1/26/04</b> <small>Daytime Phone #</small> <b>972-556-1700</b>		



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