

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90065 024 \*\*\*\*50.00

**DOCUMENT # M99000001271**

1. Entity Name  
**JEFFERSON COMMONS-WLB GP LLC**

**REC'D JAN 07 2002**

Principal Place of Business <b>600 E LAS COLINAS BLVD SUITE 1800 IRVING TX 75039</b>	Mailing Address <b>P.O. BOX 619091 DALLAS TX 75261-9091</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>75-2833587</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS / MANAGERS**

TITLE <input type="checkbox"/> Delete NAME <b>MGRM</b> STREET ADDRESS <b>JPI LIFESTYLE APARTMENT COMMUNITIES, L.P.</b> CITY-ST-ZIP <b>600 E LAS COLINAS BLVD SUITE 1800 IRVING TX 75039</b>	TITLE <input type="checkbox"/> Delete NAME <b>MGRM</b> STREET ADDRESS <b>JPI LIFESTYLE MANAGEMENT, INC.</b> CITY-ST-ZIP <b>600 E LAS COLINAS BLVD. SUITE 1800 IRVING TX 75039</b>
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**10. ADDITIONS / CHANGES**

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Joe Ratliff* **Joe Ratliff** **Vice President Taxation** Date: **2/4/02** Daytime Phone #: **972-556-3821**

CP2E083 (9/01)