
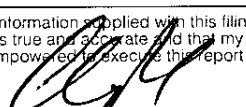


2004 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2004****FILED**

04 JAN 30 PM 2:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01122004 Chg-LP CR2E003 (10/03)

DOCUMENT # B97000000424			
1. Entity Name JPI APARTMENT CONSTRUCTION, L.P.			
Principal Place of Business 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING, TX 75039		Mailing Address P.O. BOX 619091 DALLAS, TX 75261-9091	
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 75-2717231		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record: \$2.00		10. Amount of Capital Contributions in FLORIDA to date: \$ 2.00	
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 #	M97000000517	STREET ADDRESS	
NAME	LIFESTYLE APARTMENT CONSTRUCTION SVCE, LLC	CITY-ST-ZIP	600027915436
STREET ADDRESS	600 EAST LAS COLINAS BLVD., SUITE 1800		01/30/04--01019--013 **526.25
CITY-ST-ZIP	IRVING, TX 75039	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			
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: 		Date: 1/12/04	
EXECUTIVE VICE PRESIDENT AND SENIOR OPERATIONAL PARTNER			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE