

**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 10 AM 9:09

DOCUMENT # B97000000424 1. Entity Name JPI APARTMENT CONSTRUCTION, L.P.	
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Principal Place of Business 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING, TX 75039	Mailing Address P.O. BOX 619091 DALLAS, TX 75261-9091
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DO NOT WRITE IN THIS SPACE

01232006 No Chg-LP CR2E003 (11/05)

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

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M97000000517 LIFESTYLE APARTMENT CONSTRUCTION SVCE, LLC 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING, TX 75039
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

100069065551
03/30/06--01062--015 ***3600.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas F. Kavanaugh Thomas F. Kavanaugh
Asst. Vice President
Date: 1/25/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER