

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B97000000425

1. Entity Name

JPI CONSTRUCTION, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

Principal Place of Business  
600 EAST LAS COLINAS BLVD., SUITE 1800  
IRVING TX 75039

Mailing Address  
600 EAST LAS COLINAS BLVD., SUITE 1800  
IRVING TX 75039-5625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO BOX 619091

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Dallas, TX

4. FEI Number

75-2717240

Applied For

Not Applicable

Zip

Country

Zip  
75261-9091

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$2.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$2.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # M97000000521  
NAME MULTIFAMILY CONSTRUCTION LLC  
STREET ADDRESS 600 EAST LAS COLINAS BLVD., SUITE 1800  
CITY - ST - ZIP IRVING TX 75039

STREET ADDRESS

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.

Vice President, Taxation

Signed as Elected

Officer of LLC

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/00

972-556-3821

Date

Daytime Phone #