

2001 UNIFORM BUSINESS REPORT (UBR)

0028861 AF

DOCUMENT # M06000001822

1. Entity Name
JPI PARTNERS LLC

FILED

01 FEB -5 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
600 E. LAS COLINAS BLVD., SUITE 1800
IRVING TX 75039

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 619091
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Dallas, TX

4. FEI Number
75-2290974

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip Country
75251-9091 Dallas

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MEMBER JPI Lifestyle Apartmen Communities LP 600 E. LAS COLINAS BLVD, Suite 1800 IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003676742--2 -02/13/01--01060--011 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Vice President, Taxation
Signed as Elected
1/31/01 9725563821
DATE DAYTIME PHONE #

CR2E083 (11/00)