

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M06000001822

1. Entity Name
JPI PARTNERS LLC



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

Mailing Address
PO BOX 619091
DALLAS, TX 75251-9091

DO NOT WRITE IN THIS SPACE

01102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
75-2290974

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000404256
02/06/06-80040-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MEM
NAME JPI LIFESTYLE APARTMEN COMMUNITIES LP
STREET ADDRESS 600 E. LAS COLINAS BLVD., SUITE 1800
CITY-ST-ZIP IRVING, TX 75039

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11. 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 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: Thomas F. Kavanagh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Thomas F. Kavanagh
Asst. Vice President

Date

Daytime Phone #