

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M97000000516**

1. Entity Name
APARTMENT COMMUNITY REALTY LLC

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 75039-9625**



DO NOT WRITE IN THIS SPACE

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

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

City & State
Dallas, TX

4. FEI Number
75-2717042

Applied For
 Not Applicable

Zip
75261-9091

Country

5. Certificate of Status Desired **\$5.00** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM JPI LIFESTYLE APARTMENT COMMUNITIES, L.P. 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400003291534--6 -06/15/00-01077-012 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JPI LIFESTYLE MANAGEMENT, INC. 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 689, Florida Statutes.

SIGNATURE: **Bys [Signature]** **901 Lifestyle Management, Inc. Vice President, Taxation**
SIGNED AS ELECTED OFFICER OF LLC
DATE: **4/26/00** DAYTIME PHONE #: **972-556-3824**

CR2E083 (1/99)