2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M97000000516

1. Entry Name
APARTMENT COMMUNITY REALTY LLC

FILED
Jan 29, 2004 08:00 AM
Secretary of State

Principal Place of Business

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING, TX 75039

Mailing Address
P.O. BOX 619091
DALLAS, TX 75261-9091



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-2717042 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

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		irecono	
	named entity submits this statement for the purpose of changions of registered agent.	ing its registered offi	e or registered agent, or both, in the State of Florida, I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	[NO ¹ E, Registered Agent	expressure required when reinstating) LICEDOEN 1 CLOS
	iling Fee is \$50.00 ue by May 1, 2004		01/29/04-80035-005 50.00
9.	MANAGING MEMBERS/MANAGERS		**************************************
inle name street apdress gity-st-zip	MGRM JPI LIFESTYLE APARTMENT COMMUNITIES, L.P. 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING, TX 75039		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM JPI LIFESTYLE MANAGEMENT, INC. 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING, TX 75039		
HITLE NAME STREET ADDRESS CIFY-ST-ZP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. Thereby 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 accurage and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited habitity company or the recovery intrustee empression of the limited habitity company or the recovery intrustee empression of the limited habitity company or the recovery intrustee empression of the limited habitity company or the recovery intrustee empression of the limited habitity company or the recovery intrustee.

Executive Vice President and Senior Operational Partner Financial Services

1/12/24

SIGNATURE: Financial Services
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daysime Phone #