


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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



01092006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-2717042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

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

00000404133  
02/06/06-80033-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JPI LIFESTYLE APARTMENT COMMUNITIES, L.P. 600 EAST LAS COLINAS BLVD., SUITE 1800 , IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JPI LIFESTYLE MANAGEMENT, INC. 600 EAST LAS COLINAS BLVD., SUITE 1800 . IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 Thomas F. Kavanagh  
Asst. Vice President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE  
Date: 4/17/06 Daytime Phone # \_\_\_\_\_