


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 12 PM 2:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000517 LIFESTYLE APARTMENT CONSTRUCTION SERVICE I LC 600 EAST LAS COLINAS BLVD, SUITE 1800 IRVING TX 75039				1a. Principal Place of Business Address 600 EAST LAS COLINAS BLVD, S IRVING TX 75039	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 08/19/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation DE	
City & State		City & State		4. FEI Number 75-2717041	
Zip	Country	Zip	Country	5. Date of Last Report 03/16/1998	
7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of New Registered Agent/Office				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Name				5. Date of Last Report 03/16/1998	
Street Address (P.O. Box Number is Not Acceptable) 800002814748 - E				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. -03/23/99 -01020 -011				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City FL				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
<small>(Registered Agent Accepting Appointment) (201) (Registered Agent sign only for use when not a Group)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	JPI LIFESTYLE APARTMEN	600 EAST LAS COLINAS BLVD,		IRVING TX	
MGRM	JPI LIFESTYLE MANAGEME	600 EAST LAS COLINAS BLVD,		IRVING TX	
11. I do 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 annual 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, and that my name appears in Block 10 or on an attachment with an address.					
SIGNATURE: <i>Joe Ratliff</i> Joe Ratliff Vice President/Taxation				2-22-99 972-556-1700	
<small>SIGNATURE AND CERTIFICATION OF SECRETARY OF STATE REQUIRED FOR ALL LIMITED LIABILITY COMPANIES</small>					