

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014/51  
AF

DOCUMENT # M97000000517

1. Entity Name  
LIFESTYLE APARTMENT CONSTRUCTION SERVICE LLC

00 MAY - 1 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 75039-5625



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

Zip  
75261-9091

Country

4. FEI Number  
75-2717041

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

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
JPI LIFESTYLE APARTMENT COMMUNITIES, L.P.  
600 EAST LAS COLINAS BLVD, SUITE 1800  
IRVING TX 75039

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
JPI LIFESTYLE MANAGEMENT, INC.  
600 EAST LAS COLINAS BLVD, SUITE 1800  
IRVING TX 75039

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STREET ADDRESS  
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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 the same in the State of Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **Signed as Elected Officer of LLC** **4/26/00** **972-556-3821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)