

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M97000000517

1. Entity Name

LIFESTYLE APARTMENT CONSTRUCTION SERVICE LLC

FILED

01 FEB -5 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

600 EAST LAS COLINAS BLVD. SUITE 1800
IRVING TX 75039

Mailing Address

P.O. BOX 619091
DALLAS TX 75261-9091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

100003675221--9
-02/12/01--01146--013
*****50.00 *****50.00

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JPI LIFESTYLE MANAGEMENT, INC.
600 EAST LAS COLINAS BLVD, SUITE 1800
IRVING TX 75039 ☐ Delete

TITLE
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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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Joe Ratliff
Vice President Taxation

1/31/01

Date

972-556 3821

Daytime Phone #

CR2E083 (11/00)