

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M97000000517

1. Entity Name
LIFESTYLE APARTMENT CONSTRUCTION SERVICE 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

DO NOT WRITE IN THIS SPACE



01122004No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-2717041	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 32301-2525

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

000000019877
01/29/04-80035-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JPI LIFESTYLE APARTMENT COMMUNITIES, L.P.
STREET ADDRESS	600 EAST LAS COLINAS BLVD, SUITE 1800
CITY - ST - ZIP	IRVING, TX 75039

TITLE	MGRM
NAME	JPI LIFESTYLE MANAGEMENT, INC.
STREET ADDRESS	600 EAST LAS COLINAS BLVD, SUITE 1800
CITY - ST - ZIP	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 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: Clay A. Parker
Executive Vice President and Senior Operational Partner
Financial Services

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

Date

Daytime Phone #