File on or before May 1, 1999 or	Limited Liability	Comp	any will be	!			
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				FILED 99 MAR 12 PH 1: 25			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE				SECNETARY OF STAIL			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000518				TALLAHASSEE, FLORIDA			
LIFESTYLE APARTMENT MANAGEMENT SERVICE LLC 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039				1a. Principal Place of Business Address  600 EAST LAS COLINAS BLVD., IRVING TX 75039			
Principal Place of Business     2a. Mailing Address			3. Date Organized or Qualified 3a.			3a. State of	Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	#, etc.			08/19/1997 DE		
City & State City & State				Applied For			Applied For  Not Applicable
Zip Country	Zip	ıp Country		5. Date of Last Report			e of Status Desired
7. Name and Address of Current	Repletered Arrent	<u> </u>	9 1	03/16/1 lame and Addres			nal Fee Required
TALLAHASSEE FL 32301  Suite, Apt.  City  9. Pursuant to the provisions of Sections 608.416 and 608 508, Florida Statutes, the above-named its registered office or registered agent, or both, in the State of Florida Such change was authorized by as registered agent, and accept the obligations.				**** 188.75 ****188.75  Zip Code  FL  ied liability company submits this statement for the purpose of changing malive vote of a majority of the members. Thereby accept the appointment			
	spokis timent) (NOTE Begistered Ac				DAIE .	0	
10. Title Managing Members/Managers	5	Business	Street Address		City,	State and Zip	Code
MGRM JPI LIFESTYLE APA	RTMEN 600 EA	ST LA	s colin	AS BLVD.	IRVING	ТX	
MGRM JPI LIFESTYLE MAN	AGEME 600 EA	ST L	s colin	AS BLVD.	IRVING	ТX	
11. I do hereby certify that the information supplied wi indicated on this annual report is true and accurate a limited liability company or the receiver or trustoe en attachment with an address.	nd that my signature shall t	ave the sar	ne legal effect as	if made under oath	that I am a mana	aging membe	r or manager of the

INHSE10 R (12-98)

SIGNATURE: Joe Ratliff vice President/Taxation

SIGNATURE AND TO SOME PROBLEM AND TO S

2/22/99 972-556-170p