

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028961 AF

DOCUMENT # **M97000000518**

1. Entity Name

**LIFESTYLE APARTMENT MANAGEMENT SERVICE LLC**

**FILED**

**01 FEB -5 AM 9:29**

Principal Place of Business

**600 EAST LAS COLINAS BLVD., SUITE 1800  
IRVING TX 75039**

Mailing Address

**P.O. BOX 619091  
DALLAS TX 75261**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**75-2717040**

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

☐ Change ☐ Addition  
**300003677913--7**  
**-02/14/01--01001--004**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Raulin**  
**Vice President Taxation**

**1/31/01**

Date

**9725563821**

Daytime Phone #

CR2E083 (11/00)