

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

DOCUMENT # M97000000518

1. Entity Name

LIFESTYLE APARTMENT MANAGEMENT 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



01122004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

75-2717040

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000019725  
01/29/04-80036-025 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  
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CITY-ST-ZIP

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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)(f), 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 #