

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 29, 2005 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

**DO NOT WRITE IN THIS SPACE**



07142005 No Chg-LLC

CR2E083 (10/03)

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 September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

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CITY-ST-ZIP  
MGRM  
JPI LIFESTYLE MANAGEMENT, INC.  
600 EAST LAS COLINAS BLVD., SUITE 1800  
IRVING, TX 75039

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CITY-ST-ZIP

000000374997  
07/29/05-80003-024 50.00

**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)(b), 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, OR AUTHORIZED REPRESENTATIVE

Thomas F. Kavanagh  
Asst. Vice President

Date

Daytime Phone #