


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M97000000518</b> 1. Entity Name <b>LIFESTYLE APARTMENT MANAGEMENT SERVICE LLC</b>	
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Principal Place of Business <b>600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING, TX 75039</b>	Mailing Address <b>P.O. BOX 619091 DALLAS, TX 75261</b>
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01102006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-2717040</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> 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, 2006**

**1100000404363  
02/06/06-80044-005 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JPI LIFESTYLE APARTMENT COMMUNITIES, L.P. 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING, TX 75039</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JPI LIFESTYLE MANAGEMENT, INC. 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING, TX 75039</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Thomas F. Kavanagh **Thomas F. Kavanagh**  
**Asst. Vice President** 1/27/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #