File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham FILED **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAR 16 PM 4: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECULIE DE STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # M97000000519** of Limited Liability Company LIFESTYLE APARTMENT DEVELOPMENT SERVICE LI 1a. Principal Place of Business Address 600 EAST LAS COLINAS BLVD., SUITE 1800 600 EAST LAS COLINAS BLVD., IRVING TX 75039 IRVING TX 75039 2a, Malling Address 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 08/19/1997 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 75-2717*03*9 City & State City & State APPLIED FOR-Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country s8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 6. Name and Address of New Registered Agent/Office NRAI SERVICES, INC. 526 EAST PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE . (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstaling) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers JPI LIFESTYLE APARTMEN 600 EAST LAS COLINAS BLVD. IRVING TX 75039 MGRM JPI LIFESTYLE MANAGEME \$1600 EAST LAS COLINAS BLVD. MGRM IRVING TX 75039 INC DOO2461439---9 -03/13/38--01004--005 ****188/75 ****188.75

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: BY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SR, V. PRESIDENT

972-556-3821

Daytime Phone #