

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

001453 AF

00 MAY -1 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000519

1. Entity Name  
LIFESTYLE APARTMENT DEVELOPMENT SERVICE LLC

Principal Place of Business  
600 EAST LAS COLINAS BLVD., SUITE 1800  
IRVING TX 75039

Mailing Address  
600 EAST LAS COLINAS BLVD., SUITE 1800  
IRVING TX 75039-5625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
PO Box 619091  
Suite, Apt. #, etc.  
City & State  
Dallas, TX  
Zip  
75261-9091 Country

4. FEI Number 75-2717039 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 ST.  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JPI LIFESTYLE APARTMENT COMMUNITIES, L.P. 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JPI LIFESTYLE MANAGEMENT, INC. 600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003259218--2 -05/19/00--01074--002 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the business of the company under the Florida Statutes.

SIGNATURE: [Signature] SIGNED AS ELECTED OFFICER OF LLC  
4/26/00 972-556-3821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)