

# 2001 UNIFORM BUSINESS REPORT (UBR)

0029857 AF

**DOCUMENT # M97000000519**  
 1. Entity Name  
**LIFESTYLE APARTMENT DEVELOPMENT SERVICE LLC**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 MAR -6 PM 2:49

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

Mailing Address  
**P.O. BOX 619091**  
**DALLAS TX 75261-9091**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**75-2717039**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS ST.**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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

10. ADDITIONS / CHANGES

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition  
**200003887822-7**  
**03/20/01-01030-019**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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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)(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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

**3/1/01**

Date

**9725563821**

Daytime Phone #

CR2E083 (11/00)