

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

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
P.O. BOX 619091
DALLAS, TX 75261-9091



01122004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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 re-instating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000019676
01/29/04-80035-001 50.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 filing required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Executive Vice President and Senior Operational Partner
Financial Services

Date Daytime Phone #