File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

 Name and Malling Address of Limited Liability Company

DOCUMENT # M97000000520

MULTIFAMILY DEVELOPMENT LLC 600 EAS LAS COLINAS BLVD, SUITE 1800 IRVING TX 75039 FILED
98 MAR 16 PM 4: 00
SEC. THE PROPERTY OF STATE

600 EAS LAS COLINAS BLVD, SU

1a. Principal Place of Business Address

IRVING TX 75039

2. Principal Plac		2a, Mailing A		3. Date Organized or Qualified 08/19/1997	3a. State of Formation DE				
Suite, Apt. #, etc		Suite, Apt. #, (91c.	4. FEI Number 75-2717048	Applied For				
Cify & State		City & State		APPLIED FOR 5. Date of Last Report	Not Applicable 6. Certificate of Status Desired				
Zip	Country	Zip	Country		S8.75 Additional Fee Required				
7	. Name and Address of Co	urrent Registered Age		Name and Address of New Registered Agent/Office					
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301				Name Street Address (P.O. Box Number is Not Acceptable)					
			Suite,	Apt. #, etc.	**				

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.

City

10. Title	Managing Members/Managers			Business Street Address				City, State and Zip Code		
MGRM	JPI	INVESTMENT	COMPANY	600	EAS	LAS	COLINAS	BLVD,	IRVING TX	75039
MGRM	JPI	INVESTMENT ENT, /NO.	MANAGEM-	600	EAS	LAŠ	COLINAS	BLVD,	IRVING TX	75039

700002461437---5 -03/19/38--01004--004 ****186.78 ****188.75

Zip Code

11. Ido hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further 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 _

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

SR V. PRESIDENT

<u>972-556-3821</u>

Daytime Phone