


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M97000000520	
1. Entity Name MULTIFAMILY DEVELOPMENT LLC	

Principal Place of Business 600 EAS LAS COLINAS BLVD, SUITE 1800 IRVING, TX 75039	Mailing Address P.O. BOX 619091 DALLAS, TX 75261-9091
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01122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-2717048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE

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

000000019678
01/29/04-80035-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JPI INVESTMENT COMPANY, L.P. 600 EAS LAS COLINAS BLVD, SUITE 1800 IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JPI INVESTMENT MANAGEMENT, INC. 600 EAS LAS COLINAS BLVD, SUITE 1800 IRVING, TX 75039
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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 and executed this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Clay A. Parker**
Executive Vice President and Senior Operational Partner
Financial Services
1/17/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #