## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M97000000520

1. Entity Name
MULTIFAMILY DEVELOPMENT LLC

Principal Place of Business

Mailing Address

600 EAS LAS COLINAS BLVD, SUITE 1800 IRVING, TX 75039

P.O. BOX 619091 DALLAS, TX 75261-9091 FILED
Jul 29, 2005 08:00 AM
Secretary of State



07142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-2717048 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 STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

| INCENIA  | 55LL, 1 L 5200 1-2525  |                         | IN I                                     | HIS SPACE                               |                         |
|--|--|-------------------------|--|---|-------------------------|
|  | e named entity submits this statement for the purpose of chations of registered agent.     | inging its registered o | office or registered agent, or bot       | h, in the State of Florida. I am fan    | niliar with, and accept |
| SIGNATURE.                                     | Signature, typed or printed name of registered agent and title if applicable               | (NOTE, Registered Ag    | ent signature required when reinstating) | DATE                                    |                         |
| Fil<br>Due l                                   | ling Fee is \$50.00<br>by September 7, 2005  |                         |  |   |                         |
| 9.   | MANAGING MEMBERS/MANAGERS  | T .                     |  | <u> </u>                                |                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGRM JPI INVESTMENT COMPANY, L.P.  |                         |  |   |                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM JPI INVESTMENT MANAGEMENT, INC. 600 EAS LAS COLINAS BLVD, SUITE 1800 IRVING, TX 75039 |                         |  | 00000374938<br>07/29/05-80003-025 50.00 |                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |                         | DO                                       | NOT WRITE                               |                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |                         | IN THIS SPACE                            |   |                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |                         |  |   |                         |
| TITLE  |  |                         |  |   |                         |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: The Tryped or Printed NAME OF SIGNING MANAGING MEMBER, OF AUTHOR

STREET ADDRESS CITY-ST-ZIP

> Thomas F. Kavanagh Asst. Vice President

7/25/05

Daytime Phone #