



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M97000000520</b>		
1. Entity Name <b>MULTIFAMILY DEVELOPMENT LLC</b>		
Principal Place of Business <b>600 EAS LAS COLINAS BLVD, SUITE 1800 IRVING, TX 75039</b>		Mailing Address <b>P.O. BOX 679091 DALLAS, TX 75261-9091</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01102006No Chg-LLC CR2E083 (11/05)
4. FEI Number <b>75-2717048</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b> 000000404365 02/06/06-80044-006 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JPI INVESTMENT COMPANY, L.P. 800 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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<b>DO NOT WRITE IN THIS SPACE</b>		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Thomas F. Kavanagh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<b>Thomas F. Kavanagh</b> <b>Asst. Vice President</b> Date <u>1/12/06</u> Daytime Phone # _____