

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

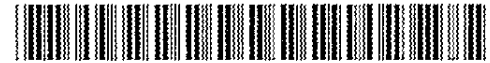
DOCUMENT # M97000000521

1. Entity Name  
MULTIFAMILY CONSTRUCTION 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  
75-2717050

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**

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-registering)

DATE

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

000000019679  
01/29/04-80035-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
JPI INVESTMENT COMPANY, L.P.  
600 EAST LAS COLINAS BLVD., SUITE 1800  
IRVING, TX 75039

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
JPI INVESTMENT 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

**DO NOT WRITE  
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)(b), 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:

Clay A. Parker  
Executive Vice President and Senior Operational Partner  
Financial Services

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

Date

Daytime Phone #