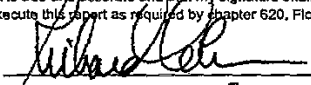


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 28 AM 10:37 mtm 1/12	
1. Name of Limited Partnership CEDARWOOD APARTMENTS II, LTD.		1a. DOCUMENT # A07376			
2. Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068		2a. Principal Office Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068		3. Date Formed or Registered 04/02/1979 3a. Date of Last Report 10/02/1997 4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record. \$205,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
City & State		City & State		6. FEI Number 59-1926518 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country		Zip Country		☐ Applied For ☐ Not Applicable \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.				800002740648-9 01/14/98 01001-000 ***526.25 ***526.25 FL	
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) LEXFORD GP, L.L.C.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6954 AMERICANA PARKWA		11b. City, State & Zip Code REYNOLDSBURG OH 43068	
				11c. Registration/ Document Number M98000000497	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE 		Typed or Printed Name of General Partner Signing Form Richard Cohen, Vice President		DATE 12/23/98 Daytime Telephone Number 614-575-5223	

CR2E003 (8/98)