2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
07 MAY 17 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04222007 Chg-LP CR2E003 (12/06)

DOCUMENT # A07376

1. Entity Name
CEDARWOOD APARTMENTS II, LTD.

Principal Place of Business	Mailing Address
TWO N. RIVERSIDE PLAZA CHICAGO, IL 60606	TWO N. RIVERSIDE PLAZA CHICAGO, IL 60606

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
25 Philips Parkway			
Suite, Apt. #, etc.		Suite, Apt. #, etc. ← same	
City & State: Montvale NJ		City & State	
Zip: 07645	Country: USA	Zip	Country

4. FEI Number: 59-1926518 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2007, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M06000005028 EMPIRIAN LEXFORD GP 3 LLC 125 PHILIPS PARKWAY MONTVALE, NJ 07645	STREET ADDRESS CITY-ST-ZIP	600103006836 05/22/07--01016--003 **45500.00
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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ______________________ 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #