

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A10869

1. Entity Name
SHADOWOOD APARTMENTS, LTD.
#2222

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY -1 PM 3:52

Principal Place of Business 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068-4115
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2106683		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLY ROAD TALLAHASSEE FL 32311				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$790,020.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	M9800000497 LEXFORD GP, L.L.C. 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	700003286887-6
		CITY - ST - ZIP	-06/13/00--01034--008
			****526.25 ****526.25
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Christine L. Gallion **SIGNATURE REQUIRED** 24 April 2000 614.575.5284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Christine L. Gallion, Manager of General Partner

166/308 (9/99)