


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A11892			
1. Entity Name SHADOWOOD APARTMENTS II, LTD.			
Principal Place of Business 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068		Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt # etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record: \$850,010.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	M98000000497	STREET ADDRESS	
NAME	LEXFORD GP, L.L.C.	CITY - ST - ZIP	
STREET ADDRESS	6954 AMERICANA PARKWAY		
CITY - ST - ZIP	REYNOLDSBURG, OH 43068		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Tamra L. Potts</i>		TAMRA L. POTTS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	
		MAR 1 2005	
		Daytime Phone #	
		6145755192	



01202005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2207572 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record: \$850,010.00

10. Amount of Capital Contributions in FLORIDA to date.

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12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

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 STREET ADDRESS 6954 AMERICANA PARKWAY
 CITY - ST - ZIP REYNOLDSBURG, OH 43068

STREET ADDRESS

CITY - ST - ZIP

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SIGNATURE: *Tamra L. Potts*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MAR 1 2005

Date

Daytime Phone #

6145755192

STAPLE CHECK HERE