

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A11892

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** SHADOWOOD APARTMENTS II, LTD.

**Current Principal Place of Business:**

6954 AMERICANA PARKWAY  
REYNOLDSBURG, OH 43068

**New Principal Place of Business:**

TWO N. RIVERSIDE PLAZA  
CHICAGO, IL 60606

**Current Mailing Address:**

6954 AMERICANA PARKWAY  
REYNOLDSBURG, OH 43068

**New Mailing Address:**

TWO N. RIVERSIDE PLAZA  
CHICAGO, IL 60606

**FEI Number:** 59-2207572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: M98000000497  
Name: LEXFORD GP, L.L.C.  
Address: 6954 AMERICANA PARKWAY  
City-St-Zip: REYNOLDSBURG, OH 43068

**ADDRESS CHANGES ONLY:**

Address: TWO N RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA SHUMAN, AUTHORIZED PERSON

GP

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date