


2002 UNIFORM BUSINESS REPORT (UBR)

0016968 AT

DOCUMENT # A12468

1. Entity Name
SHADETREE APARTMENTS, LTD.

FILED
02 APR 22 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **C/O EQUITY RESIDENTIAL PROPERTIES TRUST
TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO IL 60606**

Mailing Address: **C/O EQUITY RESIDENTIAL PROPERTIES TRUST
TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO IL 60606**

2. Principal Place of Business: **6954 AMERICANA PARKWAY**
 Suite, Apt. #, etc.

3. Mailing Address: **6954 AMERICANA PARKWAY**
 Suite, Apt. #, etc.

City & State: **REYNOLDSBURG, OH**

City & State: **REYNOLDSBURG, OH**

Zip: **43068** Country: **USA**

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DUE BY MAY 1, 2002

4. FEI Number: **59-2207561**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311

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.

SIGNATURE: _____ DATE: _____

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

9. Capital Contributions as Shown on record: **\$1,738,685.00**

10. Amount of Capital Contributions in FLORIDA to date: **1,738,685**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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	
DOCUMENT #	M98000000497
NAME	LEXFORD GP LLC
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP	CHICAGO IL 60606
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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: *[Signature]* **REQUIRED**

Date: **4/9/02** Daytime Phone #: **614-759-1566**

Taxpayers and preparers must print name of signing general partner

CR2E003 (9/01)