


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY 17 PM 1:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A12468
 1. Entity Name
 SHADETREE APARTMENTS, LTD.




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

Mailing Address
 TWO N. RIVERSIDE PLAZA
 CHICAGO, IL 60606

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 25 Phillip Parkway
 Montvale, NJ 07645

3. Mailing Address
 Suite, Apt. #, etc.
 SAME
 City & State
 Zip Country



04222007 Chg-LP CR2E003 (12/06)

4. FEI Number
 36-4358584 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 #	M06000005020	STREET ADDRESS	
NAME	EMPIRIAN LEXFORD GP 6 LLC	CITY-ST-ZIP	
STREET ADDRESS	25 PHILLIPS PARKWAY		
CITY-ST-ZIP	MONTVALE, NJ 07645		
DOCUMENT #		STREET ADDRESS	700103002787
NAME		CITY-ST-ZIP	05/22/07--01016--003 **45500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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