	2002	<b>UNIFORM</b>	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)
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2002	UNIFORM BUSI	NESS REPO	RT	(UBR)	_	SEGR	02	<b>,</b> ,	0004871
DOCUMENT # A14260				,		AHAS	APR 1	FILE	
1. Entity Name  ELMWOOD APARTMENTS, LTD.					LF.	RY OF ST SEE, FL	15 PM ARY OF S SSEE, FL	I M ed	A\
Principal Place of Business Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068 REYNOLDSBURG OH 43068						TATE	F: 02	1 <b>3</b> 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Pla	ce of Business	3. Mailing Address				<b>ae</b> n 11811 <b>e</b> 1818 il <b>ain</b> 6111 <b>63</b> 1	! BIBII BIBI	ł (5102) (51011 (5102) (51011 (610)	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				DUE BY MAY	1, 2002	2	Property of
City & State	,	City & State	City & State		4. FEI Number	59-2514252		Applied For Not Applicable	1
Zip	Country	Zip	Coun	Country 5 Certificate of Status Desired 38.7			8.75 Additional	1	
	6. Name and Address of Current R	egistered Agent		Name	7. Name and A	Address of New Regis		·	1
	UMENT SERVICES INC.			Street Address	(P.O. Box Number	is Not Acceptable)			-
	Kelly Road See Fl 32311								
				City			FL	Zip Code	1
8. The above n	amed entity submits this statement for t	he purpose of changing its r	register	ed office or registe	ered agent, or both,	, in the State of Florida			
SIGNATURE	gnature, typed or printed name of registered agent and	d title if applicable.					DATE		
Capital Contributions as Shown on record.      State of the properties of the p			ite.			SEE REVERSE S	IDE FOR	TO DEPT: OF STATE FEE INFORMATION	* About — Community
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENT NOT be changed on th	TITY M	IUST BE REGIS n; an amendme	TERED AND AC nt must be filed	l to change a gener	ral partr	ner.	
12. DOCUMENT#	GENERAL PARTNER I M98000000497	NFORMATION	13.	EET ADDRESS	<del> </del>	ADDRESS CHANG	ES ONLY		(9/01)
STREET ADDRESS	Lexford Gp, L.L.C. 6954 Americana Pkwy. Reynoldsburg oh 43068			Y-ST-ZIP		<u> </u>			CR2E003 (9
DOCUMENT#	TETROEDOS OF 10000		STRE	EET ADDRESS					8
NAME STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP	<u>Ori</u>	<del>-04/22/02</del> -04/22/02			
DOCUMENT # NAME			STRE	EET ADDRESS		<b>※米米米</b> つごり。	<u> </u>	****526.25	
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP					
DOCUMENT #			STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			1	Y-ST-ZIP					
14. I hereby ce indicated o the received	rtify that the information supplied with the his report is true and accurate and the ror trustee empowered to execute this	nis filing does not qualify for nat my signature shall have ti report as required by Chapty	the exe he same e5620,	emption stated in S le legal effect as if l Florida Statutes	ection 119.07(3)(i), made under oath; t	, Florida Statutes. I furti that I am a General Par	her certify tiner of th	y that the information e limited partnership or	

SIGNATURE:

4/9/02 Date

614-759-1566 Daytime Phone #