

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23117**

1. Entity Name

SUNSET WAY APARTMENTS II, LTD.

2580

Principal Place of Business

**6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068
US**

Mailing Address

**6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068-4115
US**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 23 PM 1:29



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2865218

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

Lexis Document Services Inc.

Street Address (P.O. Box Number is Not Acceptable)

3953 WW Kelly Road

City

Tallahassee

FL

Zip Code

32311

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

Terry P. Perry (Signature of current registered agent and authorized officer)

Lexis Document Services Inc. 6-14-00 (Signature of new registered agent)

DATE

9. Capital Contributions
as Shown on record.

\$910.00

10. Amount of Capital Contributions
in FLORIDA to date.

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, L.L.C.**
STREET ADDRESS **6954 AMERICANA PARKWAY**
CITY - ST - ZIP **REYNOLDSBURG OH 43068**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

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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)(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

24 April 2000

614.575.5284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Christine L. Gallion, Manager of General Partner