2002 UNIFORM BUSINESS REPORT (UBR)

0004819 AV

DOCUMENT # A04979

1. Entity Name

OLD ARCHER COURT APARTMENTS, LTD.

FILED
02 APR 15 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LF

Principal Place of Business	Mailing Address
6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068 US	6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-1768324 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLY ROAD TALLAHASSEE FL 32311	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.	$160,000.00	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	13.	ADDRESS CHANGES ONLY
DOCUMENT #	B98000000315	STREET ADDRESS	
NAME	LEXFORD PROPERTIES, L.P.		
STREET ADDRESS	6954 AMERICANA PARKWAY	CITY-ST-ZIP	
CITY-ST-ZIP	REYNOLDSBURG OH 43068		
DOCUMENT #	M99000001686	STREET ADDRESS	
NAME	LEXFORD GP II, LLC		
STREET ADDRESS	TWO N RIVERSIDE PLAZA SUITE 400	CITY-ST-ZIP	700005312157--3 -04/22/02--01022--022 ****526.25 ****526.25
CITY-ST-ZIP	CHICAGO IL 60606		
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CR2E003 (9/01)

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: Tamra [signature] 4/9/02 614-759-1566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #