2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Mar 17, 2004 08:00 AM Secretary of State **DOCUMENT # A04979** OLD ARCHER COURT APARTMENTS, LTD. 1106 Principal Place of Business Mailing Address 6954 AMERICANA PARKWAY 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068 US REYNOLDSBURG, OH 43068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/03) 01062004 Chg-LP Applied For 4. FEI Number City & State City & State 59-1768324 Not Applicable Zip Country \$8.75 Additional Zio. Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and tiple if applicable. 10. Amount of Capital Contributions 9. Capital Contributions \$160,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. B98000000315 DOCUMENT # STREET ADDRESS LEXFORD PROPERTIES, L.P. NAME STREET ADDRESS 6954 AMERICANA PARKWAY CITY-ST-ZIP U00000096614 CITY-ST-ZIP REYNOLDSBURG, OH 43068 03/26/04-80002-022 526.25 M99000001686 DOCUMENT # STREET ADDRESS LEXFORD GP II, LLC MAME STREET ADDRESS 6954 AMERICANA PARKWAY CITY+ST-ZIP REYNOLDSBURG, OH 43068 CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST- ZIP CITY - ST - ZIP DOCTIMENT A STREET ADDRESS NAME STREE ADDRESS CITY-ST-ZIP CITY- 3 - ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 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 empoyered to execute this report as required by Chapter 620, Florida Statutes

TAMRA L. POTTS

SIGNATURE:

FEB 1 7 2004

Daytima Phone #

FILED