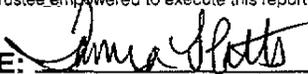


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A05954</b> 1. Entity Name TURKSCAP APARTMENTS, LTD.					
Principal Place of Business 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068		Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt #, etc.			
City & State		City & State		01202005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-1768336	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$125,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M98000000497 LEXFORD GP, L.L.C. 6954 AMERICANA PKWY REYNOLDSBURG, OH 43068		STREET ADDRESS  CITY-ST-ZIP	_____  _____	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		STREET ADDRESS  CITY-ST-ZIP	_____  _____	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		STREET ADDRESS  CITY-ST-ZIP	_____  _____	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		STREET ADDRESS  CITY-ST-ZIP	_____  _____	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		STREET ADDRESS  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)(f), 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 L. POTTS		MAR 1 2005 6145755192
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE