

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A08977**

1. Entity Name

**COUNTRYSIDE APARTMENTS, LTD.**

**#2173**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 3: 52



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068-4115
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2106671</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.**  
**3953 WW KELLY ROAD**  
**TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$710,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	<b>M9800000497</b>
NAME	<b>LEXFORD GP. L.L.C.</b>
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>
CITY - ST - ZIP	<b>REYNOLDSBURG OH 43068</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	<b>70000328697--5</b> <b>-06/13/00--01034--015</b>
STREET ADDRESS	<b>****526.25 ****526.25</b>

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: *Christine L. Gallion* **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*