

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004983 AV

**DOCUMENT # A08977**

1. Entity Name  
**COUNTRYSIDE 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  
3. Mailing Address

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
City & State

4. FEI Number **59-2106671** Applied For  
Not Applicable

Zip Country Zip Country

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$710,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>M98000000497 LEXFORD GP. L.L.C. 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>200005312042--2 -04/22/02--01017--007 ***526.25 ***526.25</b>
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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]* **4/9/02** **614-759-1566**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**FILED**  
**02 APR 15 PM**  
SECRETARY OF STATE  
TALLAHASSEE, FL  
**LB**

CR2E003 (9/01)