

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A08977
 1. Entity Name
 COUNTRYSIDE APARTMENTS, LTD.



2173

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	
Zip	Country	Zip	Country

01142004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-2106671

5. Certificate of Status Desired \$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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable

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

10. Amount of Capital Contributions in FLORIDA to date.

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 #	M9800000497	STREET ADDRESS	
NAME	LEXFORD GP. L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	6954 AMERICANA PARKWAY		
CITY-ST-ZIP	REYNOLDSBURG, OH 43068		
DOCUMENT #		STREET ADDRESS	UN0000096600
NAME		CITY-ST-ZIP	03/26/04-80002-008 526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 TAMRA L. POTTS FEB 17 2004 614575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone 5192