

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006061 AV

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

FILED

03 APR 11 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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

DUE BY MAY 1, 2003**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****7. Name and Address of New Registered Agent**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLY ROAD
TALLAHASSEE FL 32311

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code
33324**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 title if applicable.

DATE

9. Capital Contributions \$710,000.00
as Shown on record.**10. Amount of Capital Contributions**
in FLORIDA to date.**11. MAKE CHECK PAYABLE TO FL. 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 # M98000000497
NAME LEXFORD GP. L.L.C.
STREET ADDRESS 6954 AMERICANA PARKWAY
CITY-ST-ZIP 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

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)(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
TAMIA L. FOLLS, VICE PRESIDENT

4/10/03

Date

614-575-5192

Daytime Phone #

CR2E003 (10/02)