

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016313 AF

DOCUMENT # A10033

1. Entity Name

BRANDYWYNE APARTMENTS EAST, LTD.

FILED

01 APR 11 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

Principal Place of Business  
6954 AMERICANA PARKWAY  
REYNOLDSBURG OH 43068

Mailing Address  
6954 AMERICANA PARKWAY  
REYNOLDSBURG OH 43068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2083504

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

C T CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name  
LEXIS-DOCUMENT SERVICES INC

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

3953 WW KELLY ROAD

City  
TALLAHASSEE

FL

Zip Code  
32311

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 *[Handwritten signature]* Terry Ferrentino, Key Corporate Adm. 2-13-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

9. Capital Contributions  
as Shown on record.

\$400,000.00

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 # 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

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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:

*[Handwritten signature]*  
TAMARA L. PORTIS, Vice President

4/9/01

Date

Daytime Phone #

CR2E003 (11/00)