


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 28 AM 10:22</b> <i>mtm</i> <i>1/12</i>	
<b>1. Name of Limited Partnership</b>		<b>1a. DOCUMENT #</b> <b>A10869</b>			
<b>SHADOWOOD APARTMENTS, LTD.</b>					
<b>Mailing Address</b> 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068		<b>Principal Office Address</b> 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068		<b>3. Date Formed or Registered</b> 07/23/1981	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		<b>3a. Date of Last Report</b> 10/21/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. State or Country of Formation</b> FL	
City & State		City & State		<b>5a. Capital Contributions as Shown on record.</b> \$790,020.00	
Zip Country		Zip Country		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
<b>6. FEI Number</b> 59-2106683				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					

<b>9. Name and Address of Current Registered Agent</b>		<b>10. If changed, new Registered Agent/Office</b>	
C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		588802740665-6 -01/14/99-01001-013 ***526.25 FL ***526.25	

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_

DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>
LEXFORD GP, LLC.	6954 AMERICANA PARKWA	REYNOLDSBURG OH 43068	M98000000497

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_

DATE 12-23-98

Typed or Printed Name of General Partner Signing Form Richard Cohen, Vice President

Daytime Telephone Number 6145755223

CR2E003 (8/98)