2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A10869 Secretary of State 1. Entity Name SHADOWOOD APARTMENTS, LTD. Mailing Address Principal Place of Business 6954 AMERICANA PARKWAY 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068 REYNOLDSBURG, OH 43068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01062004 CR2E003 (10/03) Applied For 4. FEI Number City & State City & State 59-2106683 Not Applicable Zip Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$790,020.00 as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. M98000000497 DOCUMENT # STREET ADDRESS LEXFORD GP, L.L.C. NAME <u>U60000036616</u> 03/26/04-80002-024 526.25 STREET ADDRESS 6954 AMERICANA PARKWAY CITY-ST-ZIP CITY-ST-ZIP REYNOLDSBURG, OH 43068 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-ZIP CITY - ST- ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STRIKET ADDRESS CITY -ST-ZIP CITY OT-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City - St-ZIP CITY+ST-7IP 14. I hereby certify that the information supplied with this filling 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

TAMRA L. POTTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

FILED

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Mar 17, 2004 08:00 AM