2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Mar 18, 2005 08:00 AM Secretary of State

DOCUMENT # A10976  1. Entity Name SPRINGTREE APARTMENTS, LTD.						Sec	cretary of State
6954 AMERICANA PARKWAY		Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068		US		ום 1818 מולשרו עולשם ווע	 In dania arabi arabi dania dania disami serima serimas
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc			01112005	Chg-LP	CR2E003 (10/03)
City & State		City & State			4- FEI Number 59-21392	284	Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and A	ddress of New F	Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (	P.O. Box Number	is Not Acceptabl	e)
ļ				City	·· <del>··</del>		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							
Signatura, typod of printed name of registered agent and title if applicable.							
as Shown on record. \$1,070,000.00 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							
12. DOCUMENT #				EET ADDRESS		ADDRESS CH	ANGES ONLY
NAME STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400			-ST-ZIP		<del></del>	<u> </u>
DOCUMENT #	CHICAGO, IL 60606 M99000001686						
NAME STREET ADDRESS	LEXFORD GP II, LLC 6954 AMERICANA PARKWAY		ı	EET ADDRESS	000000267558 <del>09/18/05-80007-011-526.25</del>		
CITY-ST-ZIP	REYNOLDSBURG, OH 43068		CITY	-ST-ZIP			
DOCUMENT # NAME			STR	EET ADDRESS			
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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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Devices Printed Name Of Signing General Partner							