

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # A10976

1. Entity Name
SPRINGTREE APARTMENTS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 PM 2:29



Principal Place of Business
**6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068
US**

Mailing Address
**6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-2139284** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.
3953 VV KELLY ROAD
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. **\$1,070,000.00**

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 #	693204900002 G02141900340	STREET ADDRESS	
NAME	EQUITY RESIDENTIAL PROPERTIES TRUST	CITY-ST-ZIP	500015754685
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		04/11/03--U1055--010 **526.25
CITY-ST-ZIP	CHICAGO IL 60606	STREET ADDRESS	6954 AMERICANA PARKWAY
DOCUMENT #	M99000001686	CITY-ST-ZIP	REYNOLDSBURG OH 43068
NAME	LEXFORD GP II, LLC	STREET ADDRESS	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	CITY-ST-ZIP	
CITY-ST-ZIP	CHICAGO IL 60606	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
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CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: *Tamra L. Potts* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**
Tamra L. Potts, Vice President & Manager

Date **4/10/03** Daytime Phone # **614-575-5192**

STAPLE CHECK HERE

CR2E003 (10/02)