2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A14152 INOVA SUEN APARTMENTS, LTD. SECRETARY OF STATE	Due By May 1, 2007					FILED				
TWO N. BRUESDIC PLAZA CHCAGO, IL. 60606 2. PRICESDIF Face of Business - No P.O. Box # 3. Mailing Accress Suita. Agr. #, 462 2. Principal Face of Business - No P.O. Box # 3. Mailing Accress Suita. Agr. #, 462 2. Principal Face of Business - No P.O. Box # 3. Mailing Accress Do County	1. Entity Name									
Subs. Apr. 4, etc. 25 Phillips Parkway City & State Monty 2 ¹ City & State Appleed For Sp. 2414112 September Sp. 2414112 Sp. 241411	TWO N. RIVERSIDE PLAZA TWO N. RIVERSIDE PLAZA			ZA		! cantan raei /				
Cey & Size MORNO 12 17 76.5 Cocycloses Special	Principal Place of Business - No P.O. Box # 3. Mailing Address									
Cary & State MONTANE 1.7.5.5 City & State Section Sect	,		Suite, Apt. #, etc.		04222007	Chg-LP	CR2E003	3 (12/06)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address of Florids. I im familier with, and accept the displayed agent, or both, in the State of Florids. I immilier with, and accept the displayed agent, or both, in the State of Florids. I immilier with, and accept the displayed agent, or both, in the State of Florids. I immilier with, and accept the displayed agent, or both, in the State of Florids. I immilier with, and accept the displayed agent, or both, in the State of Florids. I immilier with, and accept the displayed agent			City State							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code The above named circly submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familier with, and accept the obligations of registered agent. SIGNATURE: TRUE NOW!!! FEE ISSO0.00 A GENERAL PARTINE THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partiner MAY NOT be changed on the form; an amendment must be filled to change a general partiner. TOUGHER! MINE GENERAL PARTINE INFORMATION 13. ADDRESS CHANGES ONLY OCCUMENT / NME STREET ADDRESS CHANGES ONLY OCCUMENT / NME STREET ADDRESS OCTY-51-2P OCCUMENT / NME STREET ADDRESS OCCUMENT / NME STREET ADDRESS OCTY-51-2P OCCUMENT / NME STREET ADDRESS OCCUMENT / NME S	Zip	Country	Zip	Coun	itry	5. Certificate o	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 8. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. SIGNATURE: R. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. SIGNATURE: R. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the colligation of registered agent. CIV. ST. The DOWNIT FEE IS \$500.00 After May 1, 2007, Fee will be \$500.00 ATT. ST. The Acceptable of the form; an amandmant must be filed to change a general partner. SIRET ADDRESS CHANGES ONLY SIRET ADDRESS CHANGES ONLY SIRET ADDRESS CITY-ST-2P SIRET A	6. Name and Address of Current Registered Agent				· · · · · · · · · · · · · · · · · · ·					
City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am femilier with, and accept the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am femilier with, and accept the obligations of registered agent and the state of Florida. I am femilier with, and accept the obligations of registered agent and the state of Florida. I am femilier with, and accept the obligations of registered agent and the state of Florida. I am femilier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am femilier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am femilier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am femilier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am femilier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am femilier with, and accept the obligations of registered agent. Or both. I am femilier with, and accept the state of Florida. I am femilier with, and accept the state of Florida. I am femilier with, and accept the obligations of registered agent. Or both. In the State of Florida. I am femilier with, and accept the obligations of registered agent. Or both. In the State of Florida. I am femilier with, and accept the femilier with, and accept the femilier with accept the femilier with, and accept the femilier with accept the	1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATU										
the obligations of registered agent. SIGNATURE SIGNATURE SIG					City			FL	Zip Code	
SIGNATURE TILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 AGENERAL 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 COULENT INME MOSCOUSSIE EMPIRIAN LEXFORD GP 3 LLC SIRET MORESS OITY-ST-2P MONTVALE, NJ 07645 SIRET MORESS OITY-ST-2P MONTVALE, NJ 07645 SIRET ADRESS OITY-ST-2P DOUMBIT INME SIRET ADRESS OITY-ST-2P DOUBLIT INME SIRET ADRESS OITY-ST-2P THEET ADRESS OITY-ST-2P DOUBLIT INME SIRET ADRESS OITY-ST-2P THEET ADRESS OITY-S										
A GENERAL PRATINER 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY COCUMENT I MO6000005028 EMPIRIAN LEXFORD GP 3 LLC STRET ADDRESS CITY-ST-2P	SIGNATURE									
AGENERAL 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 I MAKE STRETA ADDRESS CHANGES ONLY MORTVALE, NJ 07645 DOCUMENT I MAKE STRETA ADDRESS CITY-ST-2P STRETA ADDRESS CITY-ST-2P DOCUMENT I MAKE STRETA A	Signature, typed or printed name of registered agent and title it applicable.							DATE		
STREET ADDRESS CITY-ST-ZIP	After May 1, 2007, Fee will be \$900.00									
OCCUMENT / NAME STREET ADDRESS CITY-ST-ZP OCCUMENT / NAME STREET ADDRESS	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.									
INME STREET ADDRESS CITY-ST-ZIP MONTVALE, NJ 07645 CITY-ST-ZIP MONTVALE, NJ 07645 CITY-ST-ZIP MONTVALE, NJ 07645 CITY-ST-ZIP CITY-S		M0600005028				ADDRESS CHANGES ONLY				
DOCUMENT / NAME SITRET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TAMBE STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP AMS T STREET ADDRESS CITY-ST-ZIP JAY JO 7 STREET ADDRESS CITY-ST-ZIP AMS T STREET ADDRESS CITY-ST-ZIP JAY JO 7	STREET ADDRESS	25 PHILLIPS PARKWAY							·	
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST	1			STR	EET ADDRESS	- <u></u>				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			CITY	'-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP DOCUMENT / MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TOTAL ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:	DOCUMENT #			STR	EET ADDRESS	<u> </u>				
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:	STREET ADDRESS			cm	'-\$T-ZIP					
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE PROPERT ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE PROPERT ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:	i			STR	EET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:	l '			СПУ	'-ST-ZIP					
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:	ľ			STR	EET ADDRESS					
SIGNATURE: CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:	1			СПУ	r-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:				STR	EET ADDRESS			M	ST	
SIGNATURE:	STREET ADDRESS		•	cm	r-ST-ZIP					
SIGNATURE.	14. I hereby indicated or the rec	certify that the information supplied wit on this report is true and accurate and seiver or trustee empowered to execute	h this filing does not qualify f that my signature shall have this report as required by Ch	or the e the sam apter 62	xemptions containe le legal effect as if r 20, Florida Statutes	ed in Chapter 119 made under oath;	, Florida Statutes. that I am a Gener	I further certif al Partner of t	y that the information he limited partnership	
	SIGNAT	URE:	<u> </u>	1						