

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A14260

1. Entity Name
ELMWOOD APARTMENTS, LTD.
2344

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 3:52

Principal Place of Business
6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068

Mailing Address
6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068-4115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-2514252**

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 WW KELLY ROAD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$589,995.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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

DOCUMENT #	M98000000497
NAME	LEXFORD GP, L.L.C.
STREET ADDRESS	6954 AMERICANA PKWY.
CITY - ST - ZIP	REYNOLDSBURG OH 43068
DOCUMENT #	
NAME	
STREET ADDRESS	
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13. ADDRESS CHANGES ONLY

STREET 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 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: **Christine L. Gallion** **SIGNATURE REQUIRED** **24 April 2000** **614.575.5284**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Christine L. Gallion, Manager of General Partner

CF2E003 (9/95)