

2001 UNIFORM BUSINESS REPORT (UBR)

0016368 AF

DOCUMENT # **A14260**

1. Entity Name

ELMWOOD APARTMENTS, LTD.

Principal Place of Business

**6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068**

Mailing Address

**6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068**

FILED

01 APR 11 AM 8:48

SECRETARY OF STATE
TALLAHASSEE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2514252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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

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

(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 # **M9800000497**
NAME **LEXFORD GP, L.L.C.**
STREET ADDRESS **6954 AMERICANA PKWY.**
CITY-ST-ZIP **REYNOLDSBURG OH 43068**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300004033413--S
04/13/01--01095--019
******526.25 ****526.25**

DOCUMENT #
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CITY-ST-ZIP

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
Tamra L. Potts, Vice President

4/9/01

Date

Daytime Phone #

CR2E003 (11/00)