

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A16492**

1. Entity Name

CYPRESS APARTMENTS, LTD.

# 2429

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

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

59-2524509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXIS DOCUMENT SERVICES INC.

3953 WW KELLY ROAD

TALLAHASSEE FL 32311

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.

\$984,375.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F96000006413  
NAME CRSI SPV 1996 PW3, INC.  
STREET ADDRESS 6954 AMERICANA PARKWAY  
CITY - ST - ZIP REYNOLDSBURG OH 43068

STREET ADDRESS

CITY - ST - ZIP

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

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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CITY - ST - ZIP

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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:

*SIGNATURE REQUIRED*

24 April 2000 614.575.5284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Christine L. Gallion, Assistant Secretary of General Partner