

2001 UNIFORM BUSINESS REPORT (UBR)

0016415 AF

DOCUMENT # A16492

1. Entity Name

CYPRESS APARTMENTS, LTD.

FILED

FILED

Principal Place of Business

6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068

Mailing Address

6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068

01 JUN -5 PM 12: 2001 JUN -5 PM 12: 28
01
SECRETARY OF STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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.

\$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

DOCUMENT # F90000000410
NAME CRSI SPV 1990 PWS, INC.
STREET ADDRESS 6954 AMERICANA PARKWAY
CITY-ST-ZIP REYNOLDSBURG OH 43068

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

DOCUMENT #
NAME LEXFORD GP II, LLC
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, STE. 400
CITY-ST-ZIP CHICAGO, IL 60606

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

amend.
filed
4/19/01
shg

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

700004420487--6

06/14/01 01098 010

****526.25 ****526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 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, Vice President

4/20/01

Date

Daytime Phone #

CR2E003 (11/00)