

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004866 AV

**DOCUMENT # A16492**  
 1. Entity Name  
**CYPRESS APARTMENTS, LTD.**

**FILED**  
 02 APR 15 PM 1:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**6954 AMERICANA PARKWAY**      **6954 AMERICANA PARKWAY**  
**REYNOLDSBURG OH 43068**      **REYNOLDSBURG OH 43068**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

4. FEI Number **59-2524509**      Applied For  
 Not Applicable

City & State      City & State

Zip      Country      Zip      Country

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

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 #	<b>M99000001686</b>
NAME	<b>LEXFORD GP II, LLC</b>
STREET ADDRESS	<b>TWO N RIVERSIDE PLAZA SUITE 400</b>
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>
DOCUMENT #	<b>M98000000497</b>
NAME	<b>LEXFORD GP, L.L.C.</b>
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>
CITY-ST-ZIP	<b>REYNOLDSBURG OH 43068</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
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	

**100005313211**  
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CR2E003 (9/01)

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/02      614-759-1566  
 Date      Daytime Phone #