
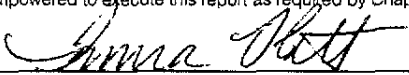


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A16682					
1. Entity Name SUGARTREE APARTMENTS II, LTD.					
Principal Place of Business 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068				Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068	
2. Principal Place of Business				3. Mailing Address	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and the if applicable.</small>					
9. Capital Contributions as Shown on record. \$806,050.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	G02141900340			STREET ADDRESS	
NAME	EQUITY RESIDENTIAL			CITY-ST-ZIP	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA SUITE 400				
CITY-ST-ZIP	CHICAGO, IL 60606				
DOCUMENT #	M99000001686			STREET ADDRESS	
NAME	LEXFORD GP II, LLC			CITY-ST-ZIP	
STREET ADDRESS	6954 AMERICANA PARKWAY				
CITY-ST-ZIP	REYNOLDSBURG, OH 43068				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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DOCUMENT #				STREET ADDRESS	
NAME				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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date	



01062004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2523566 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

STAPLE CHECK HERE

FEB 17 2004

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