

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A16682

1. Entity Name
SUGARTREE APARTMENTS II, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 PM 2:29

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		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2523566	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City PLANTATION FL Zip Code 33324	

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

9. Capital Contributions as Shown on record. \$806,050.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	DOCUMENT #	000015754710
NAME	EQUITY RESIDENTIAL PROPERTIES TRUST	NAME	04/11/03--01055--011 **526.25
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	CITY-ST-ZIP	
DOCUMENT #	M99000001686	DOCUMENT #	
NAME	LEXFORD GP II, LLC	NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA SUITE 400	STREET ADDRESS	6954 AMERICANA PARKWAY
CITY-ST-ZIP	CHICAGO IL 60606	CITY-ST-ZIP	REYNOLDSBURG OH 43068
DOCUMENT #		DOCUMENT #	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		DOCUMENT #	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		DOCUMENT #	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:	4/10/03	614-575-5192
Tammie L. Polls, Vice President	Date	Daytime Phone #

0005056
AV

CR2E003 (10/02)

STAPLE CHECK HERE