

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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| LIMITED PARTNERSHIP ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
98 DEC 28 PM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|--|---------------------------------|
| 1. Name of Limited Partnership BEL AIRE APARTMENTS, LTD. | 1a. DOCUMENT # A17553 |
|--|---------------------------------|

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|---|--|--|--|
| Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068 | Principal Office Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068 | 3. Date Formed or Registered 07/30/1984 | 5a. Capital Contributions as Shown on record. \$1,126,790.00 |
| | | 3a. Date of Last Report 10/02/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| | | 4. State or Country of Formation FL | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | 6. FEI Number <input type="checkbox"/> Applied For 59-2547856 <input checked="" type="checkbox"/> Not Applicable | |
| | | 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name _____
 Street Address (P.O. Box Number Is Not Acceptable) _____
 Suite, Apt. #, etc. _____
 City **FL** Zip Code _____

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 11. Name(s) of General Partner(s) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
|-----------------------------------|---|-----------------------------|-----------------------------------|
| LEXFORD GP, L.L.C. | 6954 AMERICANA PARKWA | REYNOLDSBURG OH 43068 | M98000000497 |

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute the report as required by chapter 620, Florida Statutes.

SIGNATURE *Richard Cohen* DATE 12/23/98

Typed or Printed Name of General Partner Signing Form Richard Cohen, Vice President Daytime Telephone Number 614 575-5223

CR2E003 (8/98)