
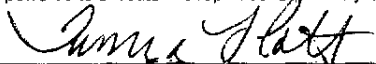


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A19972 1. Entity Name BRIDGE POINT APARTMENTS, LTD.					
Principal Place of Business 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068 US				Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number Is Not Acceptable)	
				City	
				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 title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$883,050.00		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 N 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	
STREET ADDRESS					
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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: FEB 17 2004	
				Daytime Phone #	



01132004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2584986

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

FL

Zip Code

03/26/04-80001-006 526.25

STAPLE CHECK HERE

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