

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A21892 1. Entity Name PALM SIDE APARTMENTS, LTD.				 <div style="position: absolute; top: -20px; left: 50%; transform: translate(-50%, -50%); font-size: 24px;">2502</div>	
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	4. FEI Number 59-2652923	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. \$1,087,660.00		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			U000000096612 03/26/04-80002-020 526.25	
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		
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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		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		
			FEB 18 2004		
			<small>Daytime Phone #</small>		

STAPLE CHECK HERE

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