
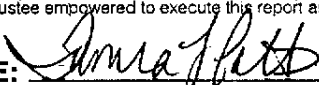


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A21892 1. Entity Name PALM SIDE 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
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 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				
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	U00000267672	
NAME			CITY-ST-ZIP	03/18/05-80010-022 526.25	
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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		

MAR 1 2005

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