


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A23747 1. Entity Name AMBERGATE APARTMENTS, LTD.	
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FILED

07 MAY 17 PM 1:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business TWO N. RIVERSIDE PLAZA SUITE 400 CHICAGO, IL 60606	Mailing Address TWO N. RIVERSIDE PLAZA SUITE 400 CHICAGO, IL 60606
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2. Principal Place of Business - No P.O. Box # <i>25 Philips Parkway</i> Suite, Apt. #, etc. <i>Montvale NJ</i>	3. Mailing Address Suite, Apt. #, etc. <i>Same</i>	04222007 Chg-LP CR2E003 (12/06)
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City & State <i>07043</i>	City & State	4. FEI Number 36-4387523
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	M06000005022	STREET ADDRESS	
NAME	EMPIRIAN LEXFORD GP 7 LLC	CITY-ST-ZIP	
STREET ADDRESS	125 PHILIPS PARKWAY		
CITY-ST-ZIP	MONTVALE, NJ 07645		
DOCUMENT #		STREET ADDRESS	200102005532
NAME		CITY-ST-ZIP	05/22/07--01018--003 **45500.00
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STREET ADDRESS			
CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* Date: 4/24/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STATE OF FLORIDA