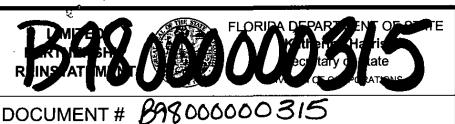
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. Name of Limited Partnership

Lexford Properties, L.P.

Typed or Printed Name of General Partner Signing Form ___

FILED

00 JUN 28 PM 2: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(614)575-5284

Telephone Number

Principal Office Addr 6954 Americ	ess cana Parkway	3. Mailing Office Addre	ss cana Parkway		4. Date Formed or Registered To Do Business in Florida May 2,0, 1998			
		Suite, Apt. #, etc.			5. FEI Number 31–1598979		Applied For Not Applicable	
ity & State Reynoldsbur	ea Ohio = -	City & State	City & State Reynoldsburg, Ohio		6. CERTIFICATE OF STATUS DESIRED of for a Certificate of Status			
¹⁹ 43068	Country	Zip 43068 Country USA		·)	7a. Capital Contributions as shown on Record: 1,000			
8. Name and Address of Current Registered Agent					7b. Amount of Capital Contributions in FLORIDA to date:			
3953 WW Ke Suite, Apt. #, Etc. City Tallahasses Pursuant to the provisic for the purpose of charagent. I am familiar with the provision of the purpose of	ons of sections 620 1051 and 620 tiging its registered office or regish, and accept the obligations of section of section of the control of t	State FL 0.192, Florida Statutes, the abovetered agent, or both, in the Statutes of Statutes	e of Florida. Sinch change v	vas auth	for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for Note: If the amount entered in 7b is 7a, a supplemental affidavit must be and appropriate filling fee. ized or registered under the laws of the State lorized by its general partner(s). I hereby acc CO Lexis Document of the Control of Date Control of the Control of Date Control of the Control of Contr	greater than as submitted alor of Florida, sub- ept the appoint.	or form is delinquent. mount entered in a separate mits this statement ment of registered	
10. Name(s) of G	MUS I	Address of Each	D AND ACTIV General Partner Office Box Numbers)	EW	City, State and Zip Code	10a.	Registration Document Number	
Lexford Pa	rtners, LLC	6954 Americ	6954 Americana Parkway		eynoldsburg, Ohio 430 9000033 -07/05/0 ***1282	129 <i>-</i> 00106		
					and must be filed to show		oral portner	
11. I do hereby certify the Corporations from a on this annual report	nat the information supplied with t	this filing is voluntarily furnished h Section 116.07(3)(i) in the eve y signatury shall have the same	and does not qualify for th nt that the information supp legal effects as if made un	e exemp	nent must be filed to chan bition stated in Section 119.07(3)(i). Florida State deemed exempt from public access. I further i. I further certify that I am a General Partner of	atutes. I release	the Division of information indicated	
SIGNATURE A	$I'V \wedge :$		•		· Jame Je	une 20,	2000	

Christine L. Gallion, Manager