

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050822

FILED
Mar 03, 2009
Secretary of State

Entity Name: LEXFORD GP III, LLC

Current Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA
SUITE 400
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

TWO NORTH RIVERSIDE PLAZA
SUITE 400
CHICAGO, IL 60606

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEXFORD BASKET 18 LL, C
Address: TWO NORTH RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHELLE LAPELLE

AP

03/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date