

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # M98000000498**

1. Entity Name  
**LEXFORD PARTNERS, L.L.C.**



Principal Place of Business  
**C/O LEGAL DEPT.  
6954 AMERICANA PARKWAY  
REYNOLDSBURG, OH 43068**

Mailing Address  
**C/O LEGAL DEPT.  
6954 AMERICANA PARKWAY  
REYNOLDSBURG, OH 43068**

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**31-1595945**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION STSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

100000091163  
03/17/04-80049-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
EQUITY RESIDENTIAL PROPERTIES TRUST  
TWO NORTH RIVERSIDE PLAZA, SUITE 400  
CHICAGO, IL 60606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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:** *Tamara L. Potts* **VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**TAMARA L. POTTS**

Date **2/16/04**

Daytime Phone # **614-585-5112**