2001	UNIFORM	BUSINESS	REPORT ((UBR

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

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DOCUMENT # M9900001686 1. Entity Name LEXFORD GP II, LLC					FILED W 23 01 JAN 23 PM 1: 42					778 AF
						WA CZ NHCIO	1:42	1	/	
Principal Place of Business Mailing Address						SECRETARY OF	CTATE	,		
TWO NORTH RIVERSIDE PLAZA. SUITE 400 CHICAGO IL 60606		CHICAGO IL 60606	TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606			SEGRETARY OF TALLAHASSEE FI	LORIDA			
elo LISA CURRIE		elo LISA CURRIE								
2. Principal Place of Business		3. Mailing Address			1 100 100 11 110 101110 101111 ES(() 00411	i 00311 1 0313 6 311	11 11910 01561	16112 6111 1961		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI I	36-4322477		_ 	opiled For]	
Zip	Country	Zip	Zip Count		5. Certi	ficate of Status Desired		5.00 Add	ditional	
	6. Name and Address of Current	i Registered Agent		T	7. Nam	e and Address of New Re				-
				Name			<u> </u>			1
	CUMENT SERVICES, INC.			Street Address (P.O. Box Number is Not Acceptable)					1	
	KELLEY ROAD SSEE FL 32311									1
I MELLI IM	30LL 1 L 02011			City				Zip Code		-
				City			FL	210 0000		
8. The above	named entity submits this statement for	r the purpose of changing its	register	ed office or regis	tered agent,	or both, in the State of Flori	ida.			
SIGNATURE .	•									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature requi	ired when reinstat	ng)	DATE	7		-
		FILE NO	!!! WC	FEE IS \$50.0	0					
	•	Make Check Pa	yable t	o Department	of State					
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/0	CHANGES			1
TITLE	MGRM	☐ Delete	TITL	E				Change	☐ Addition	18
NAME	LEXFORD PROPERTIES, L.P.	CLUTE 400	NAM	Į.						E
STREET ADDRESS CITY-ST-ZIP	TWO NORTH RIVERSIDE PLAZA, CHICAGO IL 60606	SUITE 400		EET ADDRESS '-ST-ZIP						(11/00)
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STREET ADDRESS				ET ADORESS	•					
CITY-ST-ZiP	vertify that the information supplied with	this filing does not qualify for		-ST-ZIP	Section 119	77(3)(i) Florida Statutes Li	further certifi	that the ir	oformation	1
11. 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 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.										
010111	ure Washir	SYDF DEOIN		A5		dialn	7/2 · L	174-1	ろつい	
SIGNATURE: JOSEPH SECRETARIA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #										}