

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/11/2003-90016-048-\$50.00-\$50.00

FILED

03 APR 24 PM 2:59

STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001686

1. Entity Name

LEXFORD GP II, LLC



Principal Place of Business

TWO NORTH RIVERSIDE PLAZA, SUITE 400  
% LISA CURRIE  
CHICAGO IL 60606

Mailing Address

TWO NORTH RIVERSIDE PLAZA, SUITE 400  
% LISA CURRIE  
CHICAGO IL 60606

2. Principal Place of Business

6954 AMERICANA PARKWAY

Suite, Apt. #, etc.

3. Mailing Address

6954 AMERICANA PARKWAY

Suite, Apt. #, etc.

City & State

REYNOLDSBURG OH

City & State

REYNOLDSBURG OH

4. FEI Number

36-4322477

Applied For

Not Applicable

Zip  
43068

Country

Zip  
43068

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.  
3953 WW KELLEY ROAD  
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code  
33324

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, in ink or printed name of registered agent and title if applicable.

(NOTE: Registered agent must be a natural person who is a resident of the State of Florida.)

Christine M. Eastwing

Assistant Secretary

4/23/03

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LEXFORD PROPERTIES, LP.  
TWO NORTH RIVERSIDE PLAZA, SUITE 400  
CHICAGO IL 60606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6954 AMERICANA PARKWAY  
REYNOLDSBURG OH 43068 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

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

TAMRA L. FORTS, Manager

4/10/03

Date

614-575-5192

Daytime Phone #

CR2E083 (10/02)