

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001764

Entity Name: LEXFORD GP XV, LLC

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA, SUITE 400  
ATTN: BARBARA SHUMAN  
CHICAGO, IL 60606

## New Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA, SUITE 400  
CHICAGO, IL 60606

## Current Mailing Address:

TWO NORTH RIVERSIDE PLAZA, SUITE 400  
ATTN: BARBARA SHUMAN  
CHICAGO, IL 60606

## New Mailing Address:

TWO NORTH RIVERSIDE PLAZA, SUITE 400  
CHICAGO, IL 60606

FEI Number: 34-1450938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

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: MGR ( ) Delete  
Name: STROHM, BRUCE C  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: MGR ( ) Delete  
Name: TRAGER, MARK A  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: MGR ( ) Delete  
Name: DUWE, YASMINA  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: MGR ( ) Delete  
Name: MATZ, JANE  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: MGR ( ) Delete  
Name: SABINO, PAULA  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: MGR ( ) Delete  
Name: SHUMAN, BARBARA  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

## ADDITIONS/CHANGES:

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

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

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

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

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

Title: MGR (X) Change ( ) Addition  
Name: LAPELLE, MICHELLE  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

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

MGR

04/27/2007

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