## **2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000000498

Entity Name: LEXFORD PARTNERS, L.L.C.

**Current Principal Place of Business:** 

TWO NORTH RIVERSIDE PLAZA, SUITE 400

CHICAGO, IL 60606

**Current Mailing Address:** 

TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606 US

FEI Number: 31-1595945 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

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:

Date

Authorized Person(s) Detail :

Title MANAGER Title MANAGER

Name KORITZ, MATTHEW Name GARECHANA, ROBERT A.

TWO NORTH RIVERSIDE PLAZA, Address TWO NORTH RIVERSIDE PLAZA, Address

SUITE 400 SUITE 400

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title MANAGER Title **MANAGER** 

Name THOMPSON, SAMANTHA Name TRAGER, MARK A.

TWO NORTH RIVERSIDE PLAZA, TWO NORTH RIVERSIDE PLAZA, Address Address

SUITE 400 SUITE 400

City-State-Zip: City-State-Zip: CHICAGO IL 60606 CHICAGO IL 60606

Title **MANAGER** Title MANAGER

Name PARRELL, MARK J. Name MCGING, PETER A.

TWO NORTH RIVERSIDE PLAZA, Address TWO NORTH RIVERSIDE PLAZA, Address

> SUITE 400 SUITE 400

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title **MANAGER** Title MANAGER

HIGGINS, TIFFINY M. HAMMOND, CAROLINE E. Name Name

TWO NORTH RIVERSIDE PLAZA, Address Address TWO NORTH RIVERSIDE PLAZA,

> SUITE 400 SUITE 400

CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606 City-State-Zip:

## Continues on page 2

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/17/2021 SIGNATURE: CHRISTOPHER A. MAHER MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date

**FILED** Apr 17, 2021

**Secretary of State** 

2853138819CC

## Authorized Person(s) Detail Continued:

Title MANAGER

Name GEORGE, ALAN W.

Address TWO NORTH RIVERSIDE PLAZA, SUITE 400

City-State-Zip: CHICAGO IL 60606

Title MANAGER

Name FENSTER, SCOTT J.

Address TWO NORTH RIVERSIDE PLAZA, SUITE 400

City-State-Zip: CHICAGO IL 60606

Title MANAGER

Name BEIHOFFER, DENISE B.

Address TWO NORTH RIVERSIDE PLAZA, SUITE 400

City-State-Zip: CHICAGO IL 60606

Title MANAGER

Name ALEXANDER, JAMES J.

Address TWO NORTH RIVERSIDE PLAZA, SUITE 400

City-State-Zip: CHICAGO IL 60606

Title MANAGER

Name ERP OPERATING LIMITED PARTNERSHIP
Address TWO NORTH RIVERSIDE PLAZA, SUITE 400

City-State-Zip: CHICAGO IL 60606

Title MANAGER

Name GALINDO, ROLAND

Address TWO NORTH RIVERSIDE PLAZA,

SUITE 400

City-State-Zip: CHICAGO IL 60606

Title MANAGER

Name BRACKENRIDGE, ALEC

Address TWO NORTH RIVERSIDE PLAZA,

SUITE 400

City-State-Zip: CHICAGO IL 60606

Title MANAGER

Name BAGINSKI, WENDY

Address TWO NORTH RIVERSIDE PLAZA,

SUITE 400

City-State-Zip: CHICAGO IL 60606

Title MANAGER

Name MAHER, CHRISTOPHER A.

Address TWO NORTH RIVERSIDE PLAZA,

SUITE 400

City-State-Zip: CHICAGO IL 60606