

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M9800000498

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:

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MANAGER
Name KORITZ, MATTHEW
Address TWO NORTH RIVERSIDE PLAZA,
 SUITE 400
City-State-Zip: CHICAGO IL 60606

Title MANAGER
Name GARECHANA, ROBERT A.
Address TWO NORTH RIVERSIDE PLAZA,
 SUITE 400
City-State-Zip: CHICAGO IL 60606

Title MANAGER
Name THOMPSON, SAMANTHA
Address TWO NORTH RIVERSIDE PLAZA,
 SUITE 400
City-State-Zip: CHICAGO IL 60606

Title MANAGER
Name TRAGER, MARK A.
Address TWO NORTH RIVERSIDE PLAZA,
 SUITE 400
City-State-Zip: CHICAGO IL 60606

Title MANAGER
Name PARRELL, MARK J.
Address TWO NORTH RIVERSIDE PLAZA,
 SUITE 400
City-State-Zip: CHICAGO IL 60606

Title MANAGER
Name MCGING, PETER A.
Address TWO NORTH RIVERSIDE PLAZA,
 SUITE 400
City-State-Zip: CHICAGO IL 60606

Title MANAGER
Name HIGGINS, TIFFINY M.
Address TWO NORTH RIVERSIDE PLAZA,
 SUITE 400
City-State-Zip: CHICAGO IL 60606

Title MANAGER
Name HAMMOND, CAROLINE E.
Address TWO NORTH RIVERSIDE PLAZA,
 SUITE 400
City-State-Zip: CHICAGO IL 60606

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.

SIGNATURE: MARK A. TRAGER

MANAGER

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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 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 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 MAHER, CHRISTOPHER A.
Address TWO NORTH RIVERSIDE PLAZA,
SUITE 400
City-State-Zip: CHICAGO IL 60606

Title MANAGER
Name LAPELLE, , MICHELLE L.
Address TWO NORTH RIVERSIDE PLAZA,
SUITE 400
City-State-Zip: CHICAGO IL 60606