

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001764

Entity Name: LEXFORD GP XV, LLC

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

FEI Number: 34-1450938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 MGR
Name STROHM, BRUCE C
Address TWO NORTH RIVERSIDE PLAZA,
SUITE 400
City-State-Zip: CHICAGO IL 60606

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

Title MGR
Name BAGINSKY, WENDY
Address TWO NORTH RIVERSIDE PLAZA,
SUITE 400
City-State-Zip: CHICAGO IL 60606

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

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

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

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE LAPELLE

MGR

04/23/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date