



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/12/2006	200628501126	AMENDMENT/LIMITED PARTNERSHIP (LPA)	50 00	100 00	00	00	00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
ATTN: TIM ROBERSON
17 S. HIGH ST. STE. 1100
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

890227

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
ASHGROVE APARTMENTS OF STERLING HEIGHTS, II, LTD.

and, that said business records show the filing and recording of:

Document(s)

AMENDMENT/LIMITED PARTNERSHIP

Document No(s):

200628501126



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 11th day of October, A.D.
2006.

J. Kenneth Blackwell
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sose-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

☐ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☐ No PO Box 1028
Columbus, OH 43216

Certificate of Amendment / Correction / Restated of Limited Partnership or Partnership Having Limited Liability or Disclaimer of General Partner Status

(Domestic or Foreign)

Filing Fee \$50.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY THE APPROPRIATE BOX(ES))

(1) Limited Partnership Domestic ☒ Amendment (127-LPA) ☐ Restated (162-LPR)	(2) Limited Partnership Foreign ☐ Correction (136-FCR) _____ (Home State/Country)
(3) Partnership Having Limited Liability ☐ Domestic ☐ Foreign ☐ Correction (177-PLL) ☐ Restated (178-PLL)	(4) ☐ Cancellation of Disclaimer of General Partnership Status (130-LPS)

Complete the general information in this section for the box checked above.

Name of Partnership	Ashgrove Apartments of Sterling Heights, IL, Ltd. (current name on record)	
Registration No.	890227	Original Registration Date 3/5/85 (Date)
Date Registered with Ohio Secretary of State	12/22/94 (Date)	

Complete the information in this section if Restated is checked in box (1). If Amendment is checked, complete the information that applies.

The name of the limited partnership shall be		
The address of the principal place of business of the partnership shall be:		
(street address)	Note: P.O. Box Addresses are NOT acceptable.	
(city, township, or village)	(state)	(zip code)

C183C11

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SECRETARY OF STATE

CLIENT SERVICE CENTER

2006 OCT 11 PM 4:33

Complete the information in this section if Restated is checked in box (1). If Amendment is checked, complete the information that applies cont.

The name and business or residence address of each **GENERAL PARTNER** is:
(If insufficient space to cover this item, please attach additional sheet)

Name	Address	Note: P.O. Box Addresses are NOT acceptable.
Empirian Lexford GP 2 LLC	25 Philips Parkway, Montvale, NJ 07645	

Other provisions (optional):

Complete the information in this section if box (2) is checked.

A Foreign Limited Partnership does hereby certify that the following statement contained in said limited partnership application for registration was false or inaccurate, and that such statement is to be corrected as follows:

The false or inaccurate statement is:

The correct or accurate statement is:

Complete the information in this section if Restated is checked in box (3). If Correction is checked, complete the information that applies.		
The name of the partnership shall be _____		
Please complete the following appropriate section (either item A or B):		
A. The address of the partnership's principal office in Ohio is:		
(street address)	Note: P.O. Box Addresses are NOT acceptable.	
_____, Ohio	_____ (zip code)	
(city, township, or village)		
(If the partnership does not have a principal office in Ohio, then item B and item C must be completed)		
B. The address of the partnership's principal office (Non-Ohio):		
(street address)	Note: P.O. Box Addresses are NOT acceptable.	
_____ (city, township, or village)	_____ (state)	_____ (zip code)
C. The name and address of a statutory agent for service of process in Ohio is as follows:		
(name of agent)		
(street address)		
Note: P.O. Box Addresses are NOT acceptable.		
_____ (city, township, or village)	_____, Ohio	_____ (zip code)
If this is a Foreign Limited Liability Partnership, please indicate the state or jurisdiction in which it has been created:		

(Please note, the above item must only be completed if the Partnership Having Limited Liability is a Foreign Partnership Having Limited Liability.)		
The business which the partnership engages in is:		

Complete the information in this section if box (4) is checked.	
The date the Certificate of Disclaimer of General Partner Status in question was filed on:	_____ (date)
The name of the person/entity identified in the Certificate of Disclaimer of General Partner Status filed on the date referenced in the line above is:	

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See Instructions)

Empirian Lexford GP 2 LLC, New GP

By: _____
Ezra Beyman, Authorized Signatory

10/5/06
10/5

Lexford GP 2 LLC, Former GP

By: _____
Ezra Beyman, Authorized Signatory