



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/15/2007	200713502006	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
17 S. HIGH ST.
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

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):
200713502006



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 14th day of May, A.D.
2007.

Ohio Secretary of State

C183(11)



Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ 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, II, Ltd.		
	(current name on record)		
Registration No	890227	Original	
Date Registered with Ohio Secretary of State	12/22/94	Registration Date	12/22/94
	(Date)		(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)

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 New 6 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)	<i>Note: P.O. Box Addresses are NOT acceptable.</i>	
_____	_____ , Ohio	_____
(city, township, or village)		(zip code)
(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)	<i>Note: P.O. Box Addresses are NOT acceptable.</i>	
_____	_____ (state)	_____ (zip code)
(city, township, or village)		
C. The name and address of a statutory agent for service of process in Ohio is as follows:		
(name of agent) _____		
(street address)	<i>Note: P.O. Box Addresses are NOT acceptable.</i>	
_____	_____ , Ohio	_____
(city, township, or village)		(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 New 6 LLC, New GP

By: _____

Ezra Beyman, Authorized Signatory

5/9/07
Date

Empirian Lexford GP 2 LLC, Former GP

By: _____

Ezra Beyman, Authorized Signatory