A18051

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUN 17 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A18051

1. Name of Limited Partnership

Orlando-Lake Conway Limited Partnership

9/26/03

2. Principal Office Address		**3.** Mailing Office Address	
4582 S. Ulster St. Pkwy.		4582 S. Ulster St. Pkwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1100		Suite 1100	
City & State		City & State	
Denver, CO		Denver, CO	
Zip	Country	Zip	Country
80237	US	80237	US

4. Date Formed or Registered To Do Business in Florida: 10/12/1984

5. FEI Number: 06-1117982 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: 3,000,000.00

7b. Amount of Capital Contributions in **FLORIDA** to date:

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

FEES:

1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.

2.) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

CR2E039 (10/02)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	**10a.** Registration Document Number
NHP-HDV Nine, Inc.	4582 S. Ulster St. Pkwy. Suite 1100	Denver, CO 80237	600038043116

REINSTATEMENT 2003-2004

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 6/14/2004

NHP-HDV Nine, Inc. by Derek S. McCandless, Asst. Sec. Telephone Number 303-757-8101

Typed or Printed Name of General Partner Signing Form

CORPORATION SERVICE COMPANY

A18051 ★File 2nd★

ACCOUNT NO. : 072100000032

REFERENCE : 751762 5124005

AUTHORIZATION : Patricia Pujols

COST LIMIT : $ 2061.25

ORDER DATE : June 15, 2004

ORDER TIME : 9:55 AM

ORDER NO. : 751762-015

CUSTOMER NO: 5124005

CUSTOMER: Ms. Melanie Vicknair
Aimco
Suite 1100
4582 South Ulster Street Pkwy
Denver, CO 80237

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TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: ORLANDO-LAKE CONWAY LIMITED PARTNERSHIP

RECEIVED
04 JUN 17 PM 12:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan EXT. 2955

EXAMINER'S INITIALS _____