FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A94000000279

RELATED/ADVANCE CAPITAL, LTD.

99-AR CM

Mailing Address	Principal Office Address
C/O INSIGNIA FINANCIAL GROUP, INC. P.O. BXO 1089 GREENVILLE SC 29602	C/O INSIGNIA FINANCIAL GROUP, INC. P.O. BXO 1089 GREENVILLE SC 29602

3. Date Formed or Registered: 03/04/1994

3a. Date of Last Report: 01/02/1998

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $101.00

5b. Amount of Capital Contributions in FLORIDA to date: $101.00

2. Mailing Address	**2a.** Principal Office Address
1873 S. BELLAIRE ST.	1873 S. BELLAIRE ST.
Suite, Apt. #, etc.: SUITE 1700	Suite, Apt. #, etc.: SUITE 1700
City & State: DENVER, CO	City & State: DENVER, CO
Zip: 80222-4348 Country:	Zip: 80222-4348 Country:

6. FEI Number: 65-0549379 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
SF GENERAL, INC. C/O INSIGNIA FINANCIAL GROUP, INC. 2300 GLADES ROAD, SUITE 310 WEST BOCA RATON FL 33431	Name: CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET Suite: City: TALLAHASSEE FL Zip Code: 32301

10a. 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) Karen B. Rozar **Karen B. Rozar, As Its Agent** DATE 12/30/98

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

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
RELATED HOMESTEAD, INC.	2828 CORAL WAY, PENTH	MIAMI FL 33145	P93000082828
GMN AFFORDABLE HOUSING PARTN	1460 BRICKELL AVE., S	MIAMI FL 33131	P94000017073
SOLUTIONS-ROYAL, INC.	7740 CAMINO ROAD, #61	MIAMI FL 33143	P94000017080
SF GENERAL, INC.	P.O. BOX 1089	GREENVILLE SC 33143	F97000001

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CR2E003 (8/98)

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 9/22/98

Typed or Printed Name of General Partner Signing Form SCOTT LESTER Daytime Telephone Number 864 298 8441

VICE PRES. ASST

00014696

A94000000279

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 081253 5056396

AUTHORIZATION : Patricia Pigott

COST LIMIT : $141.25

ORDER DATE : December 29, 1998

ORDER TIME : 2:08 PM

ORDER NO. : 081253-050

CUSTOMER NO: 5056396

CUSTOMER: Ms. Cheryl Goldschmitt
Aimco
1225 Eye Street, Nw
Suite 200
Washington, DC 20005

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TALLAHASSEE, FLORIDA

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NAME: RELATED/ADVANCE CAPITAL, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

EXAMINER'S INITIALS: _____

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