

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

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97 APR 30 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

1. Name of Limited Partnership  
**PROPERTY ASSET MANAGEMENT SERVICES, LIMITED PARTNERSHIP**

1a. DOCUMENT #  
**B96000000268**



Mailing Address 1873 S. BELLAIRE STREET DENVER CO 80222 #1700	Principal Office Address 1873 S. BELLAIRE STREET DENVER CO 80222 #1700	3. Date Formed or Registered 07/12/1996	5a. Capital Contributions as Shown on record \$1,660,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: <i>(Signature)</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation DE	6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent MCDONALD, PATTI 4919 MEMORIAL HIGHWAY, SUITE 100 TAMPA FL 33634-7503	10. If changed, new Registered Agent/Office <i>no change</i> Name: <del>Property Asset Management Services, Inc.</del> Street Address (P.O. Box Number is Not Acceptable): <del>1419 Memorial Hwy, Ste 100</del> Suite, Apt. #, etc.: <del>1419 Memorial Hwy, Ste 100</del> City: <del>Tampa</del> FL Zip Code: <del>33634</del>
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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) *Patricia Heath* DATE *3-14-97*

**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
AIMCO PROPERTIES, L.P.	1873 S. BELLAIRE STREET #1700	DENVER CO 80222	894000000308

*300002167833-4*  
*05/06/97 1007085-006*  
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*dec 156 25*  
*W. Heath*  
*frame*  
*clerk*

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 *Patricia Heath* DATE *3-14-97*  
Typed or Printed Name of General Partner Signing Form *Patricia Heath* Daytime Telephone Number *(303) 759-8600*

CR2E003 (1/196)