


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 25 PH 3: 13

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 # B96000000268	
PROPERTY ASSET MANAGEMENT SERVICES, LIMITED PARTNERSHIP			
Mailing Address 1873 S. BELLAIRE STREET. #1700 DENVER CO 80222		Principal Office Address 1873 S. BELLAIRE STREET. #1700 DENVER CO 80222	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 07/12/1996		5a. Capital Contributions as Shown on record. \$1,660,000.00	
3a. Date of Last Report 10/03/1997		5b. Amount of Capital Contributions in FLORIDA to date: <i>McDough</i>	
4. State or Country of Formation DE		6. FEI Number 84-1346984 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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)			



9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	

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) _____ DATE _____

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 STRE	DENVER CO 80222	B94000000306
		800002696528	
		<i>DK 11/20/98</i>	

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.

(GP FOR PROPERTY ASSET MANAGEMENT SERVICES, LIMITED PARTNERSHIP)

SIGNATURE: *Cheryl E. Gadschmitt* DATE: 11/17/98
 ASSISTANT SECRETARY

Typed or Printed Name of General Partner Signing Form: *Cheryl E. Gadschmitt* Daytime Telephone Number: (303) 216-2933

CR2E003 (8/96)



THE UNITED STATES CORPORATION COMPANY

B96000000268

ACCOUNT NO. : 072100000032
REFERENCE : 039515 5056396
AUTHORIZATION : Patricia Piquet
COST LIMIT : \$ 526.25

ORDER DATE : November 20, 1998
ORDER TIME : 11:28 AM
ORDER NO. : 039515-340
CUSTOMER NO: 5056396
CUSTOMER: Ms. Cheryl Goldschmitt
Aimco
1225 Eye Street, Nw
Suite 200
Washington, DC 20005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 25 PM 3:13

ANNUAL REPORT FILING

NAME: PROPERTY ASSET MANAGEMENT SERVICES, LIMITED PARTNERSHIP

- ANNUAL REPORT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CASSANDRA LAMM

EXAMINER'S INITIALS:

RECEIVED
98 NOV 25 PM 12:14
DIVISION OF CORPORATIONS

BK
11/25/98