

FILE ON OR BEFORE APRIL 1, 1999 TO AVOID
 REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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OFFICE OF THE SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 APR 12 PM 3: 31



1. Name of Limited Partnership Ambassador Apartments, L.P.	1a. DOCUMENT # B96000000317
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Mailing Address 1873 SOUTH BELLAIRE STREET DENVER CO 80222	Principal Office Address 1873 SOUTH BELLAIRE STREET DENVER CO 80222	3. Date Formed or Registered 08-13-96	5a. Capital Contributions as Shown on record. 990.00
2. Mailing Address 1873 S Bellaire St Suite, Apt. #, etc. Suite 1700 City & State Denver, CO Zip 80222	2a. Principal Office Address 1873 S Bellaire St Suite, Apt. #, etc. Suite 1700 City & State Denver, CO Zip 80222	3a. Date of Last Report 03-26-98	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation DE	6. FEI Number 36-3954672
		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$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 CT Corporation System 1200 S Pine Island Road Plantation, FL 33324	10. If changed, new Registered Agent/Office Name Same agent Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) _____ 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) Ambassador Apartments, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1873 SOUTH BELLAIRE S	11b. City, State & Zip Code DENVER CO 80222 BK 4/12/99	11c. Registration/Document Number F96000004140
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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 Delores Houston Delores Houston, Asst. Gen. Part. DATE 04-09-99

Typed or Printed Name of General Partner Signing Form Ambassador Apartments, Inc. Daytime Telephone Number (202)216-2940

CR2E003 (12/98)