Katherine Harris 02 DEC 18 PM 2: 55

LIMITED PARTNERSHIP REINSTATEMENT

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT #	в98000000662
------------	--------------

1. Name of Limited Partnership

LAC PROPERTIES GP III LIMITED PARTNERSHIP

	!
10	11

HLM

				116 6	X()()()	
2. Principal Office Address 3.		3. Mailing Office Add	ress	4. Date Formed or Registered		
2000 S. Colorado Blvd.		2000 S. Colorado Blvd.		To Do Business in Florida 11/18/98		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	Applied For	
Tower Two, Suite 2-1000		Tower Two, Suite 2-1000		95-4718988	Not Applicable	
City & State		City & State		CERTIFICATE OF STATUS DESIRED XX 58.75 Additional Fee required for a Certificate of Status		
Denver, Colorado		Denver, Co	lorado	7a. Capital Contributions as shown on Record:		
Zip	Country	Zip	Country		517 1100010.	
80222	USA	80222	USA	\$99_00 7b. Amount of Capital Contributions in FLORIDA to date:		
8. Name and Address of Current Registered Agent			\$99.00			
Name				FEE	· - · -	
Corporation Service Company			 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, 			
Street Address (P.O. Box Number is Not Acceptable)			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.			
Suite, Apt. #, Etc.						
Suite, Apt. #, Etc.						
City State Zip Code			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.			
Tallahassee FL 32301						

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 Statues.

SIGNATURE

Laura R. Dunlap

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
LAC	PROPERTIES QRS III INC	. 2000 S. Colorado Blvo Tower Two, Suite 2-100		22 F98000006335

900009578799

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

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 executes this report executes this report executes the properties of the limited partnership.

Chad G. Asarch

Assistant Secretary DATE_

12/17/02

LAC Properties QRS III Inc., GP Telephone Number (303) 691-4306 Typed or Printed Name of General Partner Signing Form



ACCOUNT NO. : 072100000032

REFERENCE: 861937 5124005

AUTHORIZATION :

COST LIMIT : \$ 650001a

ORDER*DATE : December 18, 2002

ORDER TIME: 11:48 AM

ORDER NO. : 861937-015

CUSTOMER NO: 5124005

CUSTOMER: Kristin Long, Legal Asst

Aimco

Suite 2-1000, 2000 South Colorado Blvd. Tower Two

Denver, CO 80222

REINSTATEMENT

NAME: LAC PROPERTIES GP III LIMITED

PARTNERSHIP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS