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2001 UI	NIFORM	BUSINESS	REPORT	(UBR)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE						_				~ ~
Maining Address CALDRANO CENTER TOWER TWO 2005 & COLORADO ENVO. STE 2-1000 DENTER CO 8222 2. Principal Place of Business Suite. Apr. 4. etc. City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Decreta Fee Required TALLAHASSEE F. 10/RIO Applied For Not Apolicable Special Country Signature TALLAHASSEE F. 10/RIO Applied For Not Apolicable Special Country TALLAHASSEE F. 10/RIO Applied For Not Apolicable Special Country Signature TALLAHASSEE F. 10/RIO Applied For Not Apolicable Special Country TALLAHASSEE F. 10/RIO Applied For Not Apolicable Special Country TALLAHASSEE F. 10/RIO Applied For Not Apolicable Special Country TALLAHASSEE F. 10/RIO Applied For Not Apolicable Special Country TALLAHASSEE F. 10/RIO Applied For Not Apolicable Special Country TALLAHASSEE F. 10/RIO Applied For Not Apolicable Special Country TALLAHASSEE F. 10/RIO Applied For Not Apolicable Special Country TALLAHASSEE F. 10/RIO Applied For Not Apolicable Special Country TALLAHASSEE F. 10/RIO Applied For Not Apolicable Special Country TallahASSEE F. 10/RIO Applied For Not Apolicable Special Country TallahASSEE F. 10/RIO Applied For Not Apolicable Special Country TallahASSEE F. 10/RIO Applied For Not Apolicable Special Country TallahASSEE F. 10/RIO Applied For Not Apolicable Special Country TallahASSEE F. 10/RIO Applied For Not Apolicable Special Country TallahASSEE F. 10/RIO Applied For Not Apolicable TallahASSEE F. 10/RIO Applied For Not Apolic	1. Entity Name									
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City & State City & State City & State City & State Country Country Country S. Certificate of Status Desired S. St. 00 Additional Fee Propheted Fee	2. Principal P	lace of Business	3. Mailing Address	• •		-				
Specificate of Status Desired Status Desired Agent Status Desired Status Desired Agent	Suite, Apt.	#, etc. ·	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
S. Certificate of Status Desired S. S. 00 Auditional S. P. Certificate of Status Desired S. S. 00 Auditional S. Certificate of Status Desired S. S. 00 Auditional S. Certificate of Status Desired S. Certificate	City & State	e	City & State			- I		 	····]
Name Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City FL Zip Code	Zip	Country	Zip	Country				.00 Add	litional	
Name Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City FL Zip Code		6. Name and Address of Cu	irrent Registered Agent	'		7. Name and Address of New Regis	tered Age	nt		1
1201 HAYS STREET TALLAHASSEE FL 32301-2525 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SI				N	ame					1
TALLAHASSEE FL 32301-2525 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or protect name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or protect name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or protect name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or protect name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or protect name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or protect name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or protect name of registered agent, or both, in the State of Florida. SIGNATURE Make Check Payable to Department of State 9. MANAGING MEMBERS ID. Make Check Payable to Department of State 9. MANAGING MEMBERS ID. SIMET ADDRESS COTY-51-2P SIMET				S	treet Address	(P.O. Box Number is Not Acceptable)		 		
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, pool or proced owns of inguised agent and the ill acciticable. (NOTE Registered Agent signature requires when ministating) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9.										
SIGNATURE Synature, typoid or primary name of registered agent and lite if applicable. (NOTE Registered Agent signature required when renotating) DATE				C	ity		FL	Zip Code		-
Make Check Payable to Department of State 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES	SIGNATURE .		d agent and title if applicable. (f	NOTE: Registered Age	nt signature require	d when reinstating)				
MAINCO Properties, L.P. SINGET ADDRESS COTY-ST-ZPP Denver, CO 80222 TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET A					· ·	i	-			
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TITLE	TITLE NAME STYGET ADDRESS	AIMCO Properties 2000 S. Colo. B1	, L.P. vd., Tower 2 #2-1	NAME LOOC STREET AD	· •			Change	☐ Addition	PE083 (11/00)
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NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS		☐ Delete	NAME STREET AD				Change	☐ Addition	
indicated on this conort is true and acquirete and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the	NAME STREET ADDRESS CITY-S7-ZIP 11. I hereby o	certify that the information supplie	ed with this filling does not qualify	NAME STREET AD CITY-ST-Z	on stated in Se	ection 119.07(3)(i), Florida Statutes. I furtl	her certify	that the in	formation	

(303) 757-8101