## 2002 UNIFORM BUSÎNESS REPORT (UBR)

## Apr 17, 2002 8:00 am Secretary of State DOCUMENT # M0000001833 04-17-2002 90023 034 \*\*\*\*50.00 AIMCO/PINELLAS, L.L.C. Principal Place of Business Mailing Address COLORADO CENTER, TOWER TWO COLORADO CENTER. TOWER TWO 2000 S. COLORADO BLVD., STE, 2-1000 2000 S. COLORADO BLVD., STE, 2-1000 DENVER CO 80222 DENVER CO 80222 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 57-1106169 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Addition ☐ Change NAME AIMCO PROPERTIES, LP NAME STREET ADDRESS 2000 S COLO BLVD., TOWER 2, #2-1000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80222 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

AIMCO/Pinellas, L.L by its sole member, AIMCO Properties, LP, by its GP, AIMCO-GP, Inc. Chad Asarch, Asst. Secretary 4-10-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIE

303-757-8101

Change

☐ Addition