

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001833

Entity Name: AIMCO/PINELLAS, L.L.C.

**FILED**  
**Apr 02, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

4582 S. ULSTER ST. PKWY.  
SUITE 1100  
DENVER, CO 80237

**New Principal Place of Business:**

ATTN: LEGAL DEPT. 4582 S. ULSTER ST PWKY  
SUITE 1100  
DENVER, CO 80237

**Current Mailing Address:**

4582 S. ULSTER ST. PKWY.  
SUITE 1100  
DENVER, CO 80237

**New Mailing Address:**

ATTN: LEGAL DEPT. 4582 S. ULSTER ST PWKY  
SUITE 1100  
DENVER, CO 80237

FEI Number: 57-1106169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AIMCO PROPERTIES, LP,  
Address: 4582 S. ULSTER ST. PKWY., SUITE 1100  
City-St-Zip: DENVER, CO 80237

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AIMCO PROPERTIES, LP,  
Address: 4582 S. ULSTER ST. PKWY., SUITE 1100  
City-St-Zip: DENVER, CO 80237

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: AIMCO PROPERTIES, LP

MGRM

04/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date