SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 14 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **842245**

1. Corporation Name
ANGELES REALTY CORPORATION OF CALIFORNIA

Principal Place of Business	Mailing Address
ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29601 US	P.O. BOX 1089 GREENVILLE SC 29602 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1978

2. Principal Place of Business	2a. Mailing Address
21 1873 S. Bellaire St.	26 1873 S. Bellaire St.
Suite, Apt. #, etc. 22 Suite 1700	Suite, Apt. #, etc. 27 Suite 1700
City & State 23 Denver, CO	City & State 28 Denver, CO
Zip 24 80222 Country 25 USA	Zip 29 80222 Country 30 USA

4. FEI Number: 95-2677954 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Corporation Service Company
82 Street Address (P.O. Box Number Is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Deborah D. Skipper — Deborah D. Skipper as its agent — 9-14-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☒ DELETE	1.1 TITLE	CD ☐ Change ☒ Addition
NAME	LEBEY, DANIEL		1.2 NAME	Terry Considine
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		1.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700
CITY-ST-ZIP	GREENVILLE SC		1.4 CITY-ST-ZIP	Denver, CO 80222
TITLE	V	☒ DELETE	2.1 TITLE	P/D ☐ Change ☒ Addition
NAME	JARRARD, WILLIAM H.		2.2 NAME	Peter Kompaniez
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		2.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700
CITY-ST-ZIP	GREENVILLE SC		2.4 CITY-ST-ZIP	Denver, CO 80222
TITLE	CAOC	☒ DELETE	3.1 TITLE	V/S ☐ Change ☒ Addition
NAME	LONG, ROBERT D. J		3.2 NAME	Joel Bonder
STREET ADDRESS	134C		3.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700
CITY-ST-ZIP	GREENVILLE SC		3.4 CITY-ST-ZIP	Denver, CO 80222
TITLE	AS	☒ DELETE	4.1 TITLE	V/T ☐ Change ☒ Addition
NAME	BUECHLER, KELLEY M		4.2 NAME	Patricia Heath
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		4.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700
CITY-ST-ZIP	GREENVILLE SC		4.4 CITY-ST-ZIP	Denver, CO 80222
TITLE	DP	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VINSON, CARROLL D.		5.2 NAME	300002989283--0
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		5.3 STREET ADDRESS	-09/17/99--01002--024
CITY-ST-ZIP	GREENVILLE SC		5.4 CITY-ST-ZIP	***550.00 ***550.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	SP
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joel Bonder — Joel Bonder, Secretary — 9-13-99 — (303) 757-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)