

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).

01/16/2004

PROFIT CORPORATION ANNUAL REPORT 1999

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



FILED
 99 SEP 14 AM 9:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # 845967
 1. Corporation Name ANGELES PROPERTIES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1980
 4. FEI Number: 95-2679915
 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

2. Principal Place of Business: 1873 S. Bellaire St., Suite 1700, Denver, CO 80222, USA
 2a. Mailing Address: 1873 S. Bellaire St., Suite 1700, Denver, CO 80222, USA

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
 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
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered agent must be qualified when reinstating)
 DATE: 9-14-99

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEBEY, DANIEL	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	VCAO	<input checked="" type="checkbox"/> DELETE
NAME	LONG, ROBERT D JR.	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JARRARD, WILLIAM H. JR	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BUECHLER, KELLEY M.	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	VINSON, CARROLL D.	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	GREENVILLE SC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Terry Considine	
1.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700	
1.4 CITY-ST-ZIP	Denver, CO 80222	
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Peter Kompaniez	
2.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700	
2.4 CITY-ST-ZIP	Denver, CO 80222	
3.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joel Bondar	
3.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700	
3.4 CITY-ST-ZIP	Denver, CO 80222	
4.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Patricia Heath	
4.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700	
4.4 CITY-ST-ZIP	Denver, CO 80222	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 *****550.00 *****550.00 Addition
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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 Bondar, Secretary 9-13-99 (303) 757-8101
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)