

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

DOCUMENT # 855517

1. Corporation Name

ANGELES INVESTMENT PROPERTIES, INC.

Principal Place of Business

ONE INSIGNIA FINANCIAL PLAZA  
GREENVILLE SC 29601

Mailing Address

P.O. BOX 1089  
GREENVILLE SC 29602

FILED

99 SEP 14 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1983

4. FEI Number

95-2593540

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

2. Principal Place of Business

21 1873 S. Bellaire St.

Suite, Apt. #, etc.

22 Suite 1700

City & State

23 Denver, CO

Zip

24 80222

Country

25 USA

2a. Mailing Address

26 1873 S. Bellaire St.

Suite, Apt. #, etc.

27 Suite 1700

City & State

28 Denver, CO

Zip

29 80222

Country

30 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

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*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9-14-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME VINSON, CARROLL D  
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
CITY-ST-ZIP GREENVILLE SC 29601

TITLE V ☒ DELETE

NAME JARRARD, WILLIAM H JR.  
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
CITY-ST-ZIP GREENVILLE SC 29601

TITLE S ☒ DELETE

NAME LEBEL, DANIEL  
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
CITY-ST-ZIP GREENVILLE SC 29601

TITLE VCAO ☒ DELETE

NAME LONG, ROBERT D JR.  
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
CITY-ST-ZIP GREENVILLE SC

TITLE AS ☒ DELETE

NAME BUECHLER, KELLEY M  
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
CITY-ST-ZIP GREENVILLE SC 29601

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☒ Addition

3.2 NAME Joel Bonder  
3.3 STREET ADDRESS 1873 S. Bellaire St., Ste. 1700  
3.4 CITY-ST-ZIP Denver, CO 80222

4.1 TITLE V/T ☐ Change ☒ 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 ☐ Change ☐ 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

200002989282--3

09/17/99-01002-023

\*\*\*550.00 \*\*\*550.00

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* Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-13-99

(303) 757-8101

0116233

CR2E034 (5/99)