

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (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 9:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 857807

1. Corporation Name  
 ANGELES REALTY CORPORATION II

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

Mailing Address  
 P.O. BOX 1089  
 GREENVILLE SC 29602  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1873 S. Bellaire St. Suite, Apt. #, etc. 22 Suite 1700 City & State 23 Denver, CO Zip 24 80222	2a. Mailing Address 26 1873 S. Bellaire St. Suite, Apt. #, etc. 27 Suite 1700 City & State 28 Denver, CO Zip 29 80222	4. FEI Number 95-3689111	Applied For Not Applicable
Country 25 USA	Country 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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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  
 Signature *Deborah D. Skipper* (NOTE: Registered agent must sign when reinstating)  
 DATE 9-14-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAOC LONG, ROBERT D. J ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C/D Terry Considine 1873 S. Bellaire St., Ste. 1700 Denver, CO 80222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARRARD, WILLIAM H. J ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/D Peter Kompaniez 1873 S. Bellaire St., Ste. 1700 Denver, CO 80222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEBET, DANIEL ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/S Joel Bondar 1873 S. Bellaire St., Ste. 1700 Denver, CO 80222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUECHLER, KELLY M. ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V/T Patricia Heath 1873 S. Bellaire St., Ste. 1700 Denver, CO 80222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VINSON, CARROLL D. ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	700002489277--8 -09/17/99--01002--021 ***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 Bondar* Joel Bondar, Secretary 9-13-99 (303) 757-8101  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0116637

CR2E034 (5/99)