Applied For

Not Applicable

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A06328

1. Entity Name

HOUSING ASSISTANCE OF ORANGE CITY, LTD.

Principal Place of Business 1873 SOUTH BELLAIRE STREET. SUITE 1700 DENVER CO 80222-4348	Mailing Address 1873 SOUTH BELLAIRE STREET, SUITE 1700 DENVER CO 80222-4348			
2. Principal Place of Business 2000 S. Colorado Blvd.	3. Mailing Address 2000 S. Colorado Blvd.			
Suite, Apt. #, etc. Tower Two, Suite 2-1000	Suite, Apt. #, etc. Tower Two, Suite 2-1000			
City & State Denver, CO	City & State Denver, CO			
Zio Country	Zip Country			



DO NOT WRITE IN THIS SPACE

59-1880765

4, FEI Number

Zip 80222	000	Country USA	80222	,	intry SA	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
					Name				
1201 HAY SUITE 10	/S ST 5	RPORATION COM	<i>IPANY</i>	** .	' Street Addre	ss (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			City		FI	Zip Code			

8. 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			
	name of registered agent and title	if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
9. Capital Contributions	\$100.00	10. Amount of Capital Contributions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE

\$100.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

<u></u>	MOTE. General Partitles MAT NOT be changed on the				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME	K45010 CONDEV CORPORATION	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	1215 LOUISIANA AVE WINTER PARK FL	CITY-ST-ZIP			
DOCUMENT # NAME	A06999 NATIONAL HOUSING PART	STREET ADDRESS	2000 South Colorado Boulevard Tower Two, Suite 2-1000		
STREET ADDRESS CHTY-ST-ZIP	1225 EYE STREET, NW., SUITE 200 WASHINGTON DC 20005	CITY-ST-ZIP	Denver, CO 80222		
DOCUMENT # NAME		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT # NAME		STREET ADDRESS	6000034100069		
STREET ADDRESS CITY-ST-ZIP	nada	CITY-ST-ZIP			
DOCUMENT# NAME	19129	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	' '	CITY-ST-ZIP			
DOCUMENT # NAME		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
14. Thereby o	certify that the information supplied with this filing does not qualify for th	e exemption sta	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information		

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Housing Assistance of Orange City, Ltd., by its Managing GP, The National Housing Partnership,

ity, Ltd., by its Managing GP, The National Housing Partnership,

Leslie E. Green, Asst. Sec. (303) 757-8101





ACCOUNT NO.

072100000032

REFERENCE :

847275

AUTHORIZATION

COST LIMIT

ORDER DATE : September 28, 2000

ORDER TIME : 12:0 PM

ORDER NO. : 847275-015

CUSTOMER NO: 5124005

CUSTOMER: Leslie Green, Corp Paralegal

Aimco

2000 South Colorado Blvd. Tower Two, Suite 2-1000

Denver, CO 80222

ANNUAL REPORT FILING

NAME:

HOUSING ASSISTANCE OF ORANGE

CITY, LTD.

XX	ANNITAT.	REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sandy Mathis ext 1165

EXAMINER'S INITIALS: