

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC -4 AM 10:30

1. Name of Limited Partnership	1a. DOCUMENT # A12613
WOODSIDE VILLAS OF ARCADIA, LTD.	



Mailing Address 1225 EYE STREET, NW, SUITE 200 WASHINGTON DC 20005	Principal Office Address 1225 EYE STREET, NW, SUITE 200 WASHINGTON DC 20005	3. Date Formed or Registered 06/02/1982	5a. Capital Contributions as Shown on record. \$190.00
		3a. Date of Last Report 04/08/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$190.00
		4. State or Country of Formation FL	
2. Mailing Address <i>18735 BELLAIRE STREET</i> Suite, Apt. #, etc. <i>SUITE 1700</i> City & State <i>DENVER, CO</i> Zip <i>80222-4348</i> Country	2a. Principal Office Address <i>18735 BELLAIRE STREET</i> Suite, Apt. #, etc. <i>SUITE 1700</i> City & State <i>DENVER, CO</i> Zip <i>80222-4348</i> Country	6. FEI Number 52-1312003	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CONDEV CORPORATION	1215 LOUISIANA AVE.	WINTER PARK FL	K45010
NAT'L HOUSING PARTNSHIP	1225 EYE STREET, NW.,	WASHINGTON DC 20005	A06999
000002696410--6			
<i>M/K 12/4/98</i>			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE BY: *Charles E. Goldschmitt* DATE: *11/17/98*
ASSISTANT SECRETARY

Typed or Printed Name of General Partner Signing Form: *CHARLES E. GOLDSCHMITT* Daytime Telephone Number: *(202) 216-2933*

CR2E003 (8/98)



A12613

ACCOUNT NO. : 072100000032

REFERENCE : 039515 5056396

AUTHORIZATION :

COST LIMIT :

Patricia Pappas
\$145,25

ORDER DATE : November 20, 1998

ORDER TIME : 11:02 AM

ORDER NO. : 039515-300

CUSTOMER NO: 5056396

CUSTOMER: Ms. Cheryl Goldschmitt
Aimco
1225 Eye Street, Nw
Suite 200
Washington, DC 20005

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 DEC -14 AM 10:30

RECEIVED
98 NOV 25 AM 11:35
DIVISION OF CORPORATIONS

ANNUAL REPORT FILING

NAME: WOODSIDE VILLAS OF ARCADIA,
LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CASSANDRA LAMM

EXAMINER'S INITIALS:

h/r 12/4/98