## 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 NOV 25 PM 1: 25

1. Name of Limited Partnership	1a. DOCUMENT # A13260							
MONACO ARMS ASSOCIATES II, LTD.								
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.				
-1225_EYE-STREET. N.W., SUITE 200 WASHINGTON DC 20095	12 <del>25-EYE-STREET, N.W., SUITE-2</del> 00 WAS <del>HINGTON DC-200</del> 05		10/04/1982 3a. Date of Last Report		\$1,000.00			
Transition by 2000				04/08/1998	5b. Amount of Capital Contributions in FLORIDA		_	
2. Mailing Address 1873S, BEUDIRE STREET	2a. Principal Office Address 1873 S. BELLHIKE STREET			4. State or Country of Formation	to date:			
Suite, Apt. #, etc. UITE / 700 City & State	Suite, Agt. #, etc.  SUITE 1700  City & State		6. FEI Number 52-1266651	Applied For Not Applicable				
DEUVER, CO Country,	DEAVER, CO			7. Certificate of Status Desired	\$8.75 Additional Fee Required			
80222-4348	80-00-4348			8, Make check payable to: Dept. of State (See reverse side for fee information)				
9_ Name and Address of Current Reg	dress of Current Registered Agent Name			10. If changed, new Registered Agent/Office				
UNITED STATES CORPORATION COMPANY 1201 HAYS ST.		Street Address (P.O. Box Number Is Not Acceptable)						
SUITE 105		Suite, Apt. #, e	te, Apt. #, etc.					
TALLAHASSEE FL 32301		City			FL	Zip Code		
10a. Pursuant to the provisions of sections 620,1051 and 62 for the purpose of changing its registered office or regist agent. I am familiar with, and accept the obligations of s	tered agent, or both, in the State of Florida							
SIGNATURE (Registered Agent Accepting Appointment) DATE							_	
A GENERAL PARTNER THAT IS MUST I	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)	Address of Each General  11a. (Do NOT Use Post Office Box			City, State & Zip Code	11c.	Registration/ Document Number		
NAT'L HOUSING PARTNERSHP	1225 EYE STREET, N.W.		WASHINGTON DC 20005		A06999		CR2E003 (8/98)	
				4000026	964	144	CR2E	
			r	2/C 1/25/98				
Note: General partners MAY NOT be						<del>- , , , , , , , , , , , , , , , , , , ,</del>	~	
12. I do hereby certify that the information supplied with this fill Corporations from any liability of non-compliance with Sectitis annual report is true and accurate and that my signature empowered to execute this report as required by chapter FILE NATIONAL FOUSING PARTI	tion 119.07(3)(k) in the event that the info are shall have the same legal effects as if a	rmation supplied made under oath	i is deeme n. I further	ed exempt from public access, I further of the certify that I am a General Partner of the	ertify that the elimited partn	information indicated on ership, receiver or truster	For	



CORPORATION	•		
	ACCOUNT NO.	:	07210000

00032

REFERENCE :

039515

COST LIMIT

ORDER DATE: November 20, 1998

ORDER TIME : 11:0 AM

ORDER NO. : 039515-290

CUSTOMER NO:

5056396

CUSTOMER: Ms. Cheryl Goldschmitt

Aimco

1225 Eye Street, Nw

Suite 200

Washington, DC 20005

## ANNUAL REPORT FILING

NAME:

MONACO ARMS ASSOCIATES II,

LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

\_ PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CASSANDRA LAMM

EXAMINER'S INITIALS: