

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A13260			
1. Entity Name MONACO ARMS ASSOCIATES II, 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 80222-4360	
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	
Zip 80222	Country USA	Zip 80222	Country USA
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	A06999 NAT'L HOUSING PARTNERSHP 1225 EYE STREET, N.W., SUITE 200 WASHINGTON DC 20005	STREET ADDRESS CITY - ST - ZIP	2000 South Colorado Boulevard Tower Two, Suite 2-1000 Denver, CO 80222
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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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			
Monaco Arms Associates II, Ltd, by its GP, The National Housing Parntership, by its GP, National Corporation for Housing Partnerships			
SIGNATURE: By: Leslie E. Green		Asst. Sec. 4-12-00 (303) 757-8101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

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DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1266651	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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CP2E003 (9/99)