

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A13260**

1. Entity Name
MONACO ARMS ASSOCIATES II, LTD.



FILED
DEPARTMENT OF STATE
OFFICE OF CORPORATIONS

US SEP -4 AM 11:24 *LR 9/16*

Principal Place of Business
**2000 S. COLORADO BLVD.
TOWER TWO, SUITE 2-1000
DENVER CO 80222**

Mailing Address
**2000 S. COLORADO BLVD.
TOWER TWO, SUITE 2-1000
DENVER CO 80222**



2. Principal Place of Business
4582 S. ULSTER ST. PKWY.

3. Mailing Address
4582 S. ULSTER ST. PKWY.

Suite, Apt. #, etc.
SUITE 1100

Suite, Apt. #, etc.
SUITE 1100

DUE BY SEPTEMBER 24, 2003

City & State
DENVER CO

City & State
DENVER CO

4. FEI Number
52-1266651

Applied For
Not Applicable

Zip
80237 Country
US

Zip
80237 Country
US

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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

DOCUMENT # **A06999**
NAME **NAT'L HOUSING PARTNERSHP**
STREET ADDRESS **2000 S. COLORADO BLVD.**
CITY-ST-ZIP **DENVER CO 80222**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
**4582 S ULSTER ST PKWY
SUITE 1100
DENVER CO 80237**

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing general partner

Chad Asarch for The National Housing Partnership, Ltd., general partner

Date **08/18/03**

Daytime Phone # **303-757-8101**

CR2E003 (4/03)

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