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

	ELOBIDA DEDATIT	MENT OF PTATE	FILE	ED
LIMITED PARTNERSHIP ANNUAL REPORT	FLORIDA DEPARTI Sandra B. I Secretary	Mortham	98 DEC 30	
1999	DIVISION OF CO	RPORATIONS	SECRETARY TALLAHASSE	OF STATE
1. Name of Limited Partnership	1a. DOCUME A13420	ENT#	TALLAHASSE	E, FLORIDA
PLANTATION PARTNERS, LTD. $QQ \cdot PP$		CM		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
1225 EYE STREET, N.W., SUITE 200	1225 EYE STREET, N.W., SUITE 200 WASHINGTON DC 20005		11/09/1982	\$3,301,000.00
WASHINGTON DC 20005			3a. Date of Last Report	
			04/08/1998	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
1873 G BELLAIRE ST.	1873 S. BELLAIN	E OT.	FL ,	
Suité, Apt. #, etc. 50/TE 1700 _City & State	Suite, Apl. #, etc. SUITE 1400 City & State)	6. FEI Number 06-1069002	Applied For Not Applicable
DENVER, CO	DENVEK C	<u>D</u>	7. Certificate of Status Desired	\$8.75 Additional Fee Required
50222 - 4348	210 8022 - 4348	Country	8. Make check payable to: Dept. of S	tate (See reverse side for fee information)
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				
	Short and Alberta	Name and Other	ATIXI) SARUICE	- Armanivi
SPER, PAUL N		Street Address (P.O. Bo	ox Number Is Not Acceptable)	- CONTINUE
4103 STILLWATER TERRACE COVE TAMPA FL 33624	,	Sulta, Apt. #, etc.		= Y
		Sity 1 04		Zip Code
10a. Pursuant to the provisions of sections 620,1051 and 63	20 102 Florido Statutas the above remed	Hamilton and parable arran	AHASEC	FL 3230
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.				
agent, and original will, and accept the congruence of	03. 0 /101			1261/08
SIGNATURE (Registered Agent Accepting Appointment)			ar, As Its Agent 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 (Do NOT Use Post Office Box		City, State & Zip Code	11c. Registration/ Document Number
MILETID AND COMPANY INC	4005 EVE OT NIVI O	1916	OLUBIOTON DO AGAGE	F0000000000
WILBUR AND COMPANY, INC.	1225 EYE ST., N.W., S	MAY:	SHINGTON DC 20005	F96000002658
				F96000002658
		1		
		and the same of	. 1000027	272516
		}		
		E A		
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 to Corporations from any liability of non-compliance with Se	filing is voluntarily furnished and does not c	qualify for the exemption s	tated in Section 119.07(3)(k), Florida St	atutes. I release the Division of
this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. 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. WILBUR: AND COMPANY, INC., GP FOR PLANTATION PARTNERS, NTD.				
SIGNATURE BY: Charles Scholar Date 12/9/98				

A13420



ACCOUNT NO. : -072100000032

REFERENCE :

081253

5056396

AUTHORIZATION

COST LIMIT

December 29, 1998 ORDER DATE :

ORDER TIME :

1:33 PM

ORDER NO. :

081253-025

CUSTOMER NO:

5056396

CUSTOMER: Ms. Cheryl Goldschmitt

Aimco

1225 Eye Street, Nw

Suite 200

Washington, DC 20005

ANNUAL REPORT FILING

NAME:

PLANTATION PARTNERS, LTD.

To age 1

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

EXAMINER'S INITIALS: