

A16541

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
00 MAY -3 PM 4: 52



ACCOUNT NO. : 072100000032
REFERENCE : 681085 5124005
AUTHORIZATION : Patricia Pizut
COST LIMIT : \$ 35.00

ORDER DATE : May 1, 2000
ORDER TIME : 2:46 PM
ORDER NO. : 681085
CUSTOMER NO: 5124005

400003238604--3

CUSTOMER: Leslie Green, Corp Paralegal
Aimco
2000 South Colorado Blvd.
Tower Two, Suite 2-1000
Denver, CO 80222

CHANGE OF AGENT

NAME: T.M. ALEXANDER ASSOCIATES,
LTD.

RECEIVED
00 MAY -3 PM 3: 54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Janine Lazzarini

BK
5/3

00 MAY -3 PM 4:52
DIVISION OF CORPORATIONS
STATE OF FLORIDA

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. T.M. Alexander Associates, Ltd.
Name of the limited partnership

2. March 5, 1984 Date of filing/registration in Florida
3. A16541 Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

5. The name and address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee, FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partners.
T.M. Alexander Associates, Ltd., by its Managing General Partner, SF General, Inc.

By: Leslie E. Green
Signature of General Partner Leslie E. Green, Assistant Secretary

I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

By: Maurice Cull
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00