2001	UNIFORM	M BUSINESS	REPORT	(UBR)
				

DOCUMENT # A16904 1. Entity Name

LONGWOOD-OXFORD ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

BETHESDA MD 20814

Mailing Address

7200 WISCONSIN AVE., SUITE 1100

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BETHESDA MD 20814

APPROYEL

FILED

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SECRETARY OF STATE

TAEL AHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address 2000 S. Colo Blvd. 2000 S. Colo. Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. Tower Two, Ste #2-1000 Tower Two, Ste. #2-1000 City & State City & State

DO NOT WRITE IN THIS SPACE 4. FEI Number

Denver, CO Denver, CO Country Country 80222 USA 80222 USA

5. Certificate of Status Desired

52-1333332

7. Name and Address of New Registered Agent

Applied For Not Applicable \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

Name

PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST

TALLAHASSEE FL 32301

Street Address (P.O. Box Number is Not Acceptable)

City

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 Fiorida.

SIGNATURE

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

(NOT) Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.

\$55.00

10. Amount of Capit II Contributions in FLORIDA to dite.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS EN TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	M99000001176 ZIMCO I L.L.C.	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two #2-1000
STREET ADDRESS CITY-ST-ZIP	7200 WISCONSIN AVE., SUITE 1100 BETHESDA MD 20814	CITY-ST-ZIP	Denver, CO 80222
DOCUMENT # NAME	M95000000011 OAMCO VI, L.L.C.	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two #2-1000
STREET ADDRESS CITY-ST-ZIP	7200 WISCONSIN AVENUE, SUITE 1100 BETHESDA MD 20814	CITY~ST-ZIP	Denver, CO 80222
DOCUMENT # NAME		STREET ADDRESS	8000042177685 95/15/91-01033-022
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DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-2P		CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT# NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

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

Longwood-Oxford Associates Limited Partnership, by its managing GP, OAMCO VI, L.L.C. by its

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENE IAL PARTNER

Asst. Secv 4-27-01 (303) 757-8101

Daytime Phone #