

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

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| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| 1. Name of Limited Partnership FOREST GREEN LIMITED PARTNERSHIP | | 1a. DOCUMENT # A17650 | |
| Mailing Address 1225 EYE STREET, NW, SUITE 200 WASHINGTON DC 20005 | | Principal Office Address 1225 EYE STREET, NW, SUITE 200 WASHINGTON DC 20005 | |
| 2. Mailing Address 1873 S. BELLAIRE STREET SUITE 1700 DENVER, CO 80222-4348 | | 2a. Principal Office Address 1873 S. BELLAIRE STREET SUITE 1700 DENVER, CO 80222-4348 | |
| 3. Date Formed or Registered 08/13/1984 | | 5a. Capital Contributions as Shown on record. \$99.00 | |
| 3a. Date of Last Report 04/08/1998 | | 5b. Amount of Capital Contributions in FLORIDA to date: \$99.00 | |
| 4. State or Country of Formation FL | | 6. FEI Number 52-1366008 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |
| 9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL FL 32301 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | |
| 10a. 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. | | | |
| SIGNATURE (Registered Agent Accepting Appointment) _____ 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 Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
| NATIONAL HOUSING PARTNERSHIP | 1225 EYE STREET, NW., | WASHINGTON DC 20005 | A06999 |
| 600002636416--7 BYC 11/25/98 | | | |
| 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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on 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. | | | |
| THE NATIONAL HOUSING PARTNERSHIP, (GP FOR FOREST GREEN LIMITED PARTNERSHIP) (GP FOR) SIGNATURE <u>Bj. Cheryl E. Caldwell</u> DATE <u>11/17/98</u> ASSISTANT SECRETARY Typed or Printed Name of General Partner Signing Form <u>Cheryl E. Caldwell</u> Daytime Telephone Number <u>(202) 216-2933</u> | | | |

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CR2E003 (8/98)



THE UNITED STATES
CORPORATION
COMPANY

A17650

ACCOUNT NO. : 072100000032

REFERENCE : 039515 5056396

AUTHORIZATION : *Patricia Piggott*

COST LIMIT : \$ 141.25

ORDER DATE : November 20, 1998

ORDER TIME : 10:58 AM

ORDER NO. : 039515-280

CUSTOMER NO: 5056396

CUSTOMER: Ms. Cheryl Goldschmitt
Aimco
1225 Eye Street, Nw
Suite 200
Washington, DC 20005

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ANNUAL REPORT FILING

NAME: FOREST GREEN LIMITED
PARTNERSHIP

BK
11/25/98

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DIVISION OF CORPORATIONS

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CASSANDRA LAMM

EXAMINER'S INITIALS: _____