

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 25 PM 1:19

1. Name of Limited Partnership

1a. DOCUMENT #
A18263

CAROLINE ARMS LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

1225 EYE STREET, N.W. SUITE 200
WASHINGTON DC 20005

1225 EYE STREET, N.W. SUITE 200
WASHINGTON DC 20005

3. Date Formed or Registered

11/14/1984

5a. Capital Contributions as
Shown on record.

\$2.00

3a. Date of Last Report

04/08/1998

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$ 2.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

1873 S. BELLAIRE STREET

1873 S. BELLAIRE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1700

SUITE 1700

City & State

City & State

DENVER, CO

DENVER, CO

Zip

Country

Zip

Country

80202-4348

80202-4348

6. FEI Number

52-1365992

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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 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, N.W.

WASHINGTON DC 20005

A06999

000002696420--5

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.

SIGNATURE BY: Charles E. Goldschmidt
ASSISTANT SECRETARY

DATE

11/17/98

Typed or Printed Name of General Partner Signing Form

CHARLES E. GOLDSCHMIDT

Daytime Telephone Number

(202) 216-2933

CR2E003 (8/98)



THE UNITED STATES
CORPORATION
COMPANY

A18263

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ACCOUNT NO. : 072100000032

REFERENCE : 039515 5056396

AUTHORIZATION :

COST LIMIT : \$ 141.25

Patricia Puyot

ORDER DATE : November 20, 1998

ORDER TIME : 10:55 AM

ORDER NO. : 039515-270

CUSTOMER NO: 5056396

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

ANNUAL REPORT FILING

NAME: CAROLINE ARMS LIMITED
PARTNERSHIP

RECEIVED
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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:

BK
11/25/98