

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 25 PM 1:19

1. Name of Limited Partnership	1a. DOCUMENT # <b>A18263</b>
<b>CAROLINE ARMS LIMITED PARTNERSHIP</b>	




Mailing Address 1225 EYE STREET, N.W. SUITE 200 WASHINGTON DC 20005	Principal Office Address 1225 EYE STREET, N.W. SUITE 200 WASHINGTON DC 20005	3. Date Formed or Registered <b>11/14/1984</b>	5a. Capital Contributions as Shown on record. <b>\$2.00</b>
		3a. Date of Last Report <b>04/08/1998</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>\$ 2.00</b>
		4. State or Country of Formation <b>FL</b>	
2. Mailing Address <b>1873 S. BELLAIRE STREET</b> Suite, Apt. #, etc. <b>SUITE 1700</b> City & State <b>DENVER, CO</b> Zip Country <b>80202-4348</b>	2a. Principal Office Address <b>1873 S. BELLAIRE STREET</b> Suite, Apt. #, etc. <b>SUITE 1700</b> City & State <b>DENVER, CO</b> Zip Country <b>80202-4348</b>	6. FEI Number <b>52-1365992</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY</b> 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 <b>FL</b> Zip Code
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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
			
BIK 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 CAROLINE ARMS LIMITED PARTNERSHIP)  
 SIGNATURE BY Cheryl E. Goldschmidt DATE 11/17/98  
 ASSISTANT SECRETARY  
 Typed or Printed Name of General Partner Signing Form CHERYL E. GOLDSCHMIDT Daytime Telephone Number (202) 216-2933

CR2E003 (8/98)



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ACCOUNT NO. : 072100000032  
REFERENCE : 039515 5056396  
AUTHORIZATION : *Patricia Puyot*  
COST LIMIT : \$ 141.25

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

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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: *JK*  
*11/25/98*