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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

CAROLINE ARMS LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

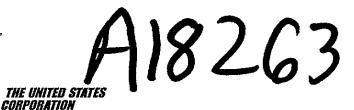
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A18263**

EILED D: VISION OF CORPORATIONS 98 NOV 25 PM 1: 19

				1 155(51) 1541 (165) 1514 1151 4116 (3) 4151 5151 5151 5151 5151 5151 5151 515	
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 11/14/1984 3a. Date of Last Report 04/08/1998	52. Capital Contributions as Shown on record. \$2.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address 873 S. BEUAHKE STREET Suite, Apt. #, etc. SUTE 1700 City & State DENVER, Country 21p Country	Suite, Apt. #, etc. SuiTE 1700 City & State DENVER, CT	E STREE Country	6. FEI Number 52-1365992 7. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee information)	
9_ Name and Address of Current I	Registered Agent	T	10. If changed, new Registere	d Agent/Office	
UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301		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 for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	gistered agent, or both, in the State of Floric of section 620.192, Florida Statutes.	ia. Such change was a	uthorized by its general partner(s). I hereb	y accept the appointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner		11c. Registration/	
NATIONAL HOUSING PARTNERSHIP	1225 EYE STREET, N.W.		VASHINGTON DC 20005	A06999 5364205	
Note: General partners MAY NOT	be changed on this form	; an amendn	nent must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supplied with thi Corporations from any liability of non-compliance with s this annual report is true and accurate and that my sign empowered to execute this report as required by chapt	Section 119 07/3Vk) in the event that the info	ormation supplied is de	emed exempt from public access, i further	r certify that the information indicated on	



DIVISION OF CORPORATIONS

98 NOV 25 PM 1: 19

ACCOUNT NO.

072100000032

REFERENCE

039515

5056396

AUTHORIZATION

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

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CASSANDRA LAMM

EXAMINER'S INITIALS: