

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

FILED

98 DEC 30 PM 2: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership STAR CREEK ASSOCIATES, LTD.	1a. DOCUMENT # A19659 <i>99-AR CM</i>
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Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145	Principal Office Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145
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3. Date Formed or Registered 04/08/1985	5a. Capital Contributions as Shown on record. \$1,647,844.00
3a. Date of Last Report 12/26/1997	
4. State or Country of Formation FL	

2. Mailing Address 1873 S. BELLAIRE ST. Suite, Apt. #, etc. SUITE 1700 City & State DENVER, CO Zip 80222-4348	2a. Principal Office Address 1873 S. BELLAIRE ST. Suite, Apt. #, etc. SUITE 1700 City & State DENVER, CO Zip 80222-4348
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6. FEI Number 13-3311637	<input type="checkbox"/> Applied For <input checked="" 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 THE RELATED COMPANIES OF FLORIDA, INC. 2828 CORAL WAY PENTHOUSE I MIAMI FL 33145

10. If changed, new Registered Agent/Office Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, etc. City TALLAHASSEE	FL Zip Code 32301
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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.

Karen B. Rozar, As Its Agent

SIGNATURE (Registered Agent Accepting Appointment) *Karen B. Rozar* DATE **12/30/98**

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
THE RELATED COMPANIES OF FLO	2828 CORAL WAY, PH 1	MIAMI FL	617998
			300002727249--2

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 *Scott Carter* DATE **8/22/98**

Typed or Printed Name of General Partner Signing Form **Scott Carter** Daytime Telephone Number **864 288 8461**

CR2E003 (8/98)

A19659



ACCOUNT NO. : 072100000032
REFERENCE : 081253 5056396
AUTHORIZATION : Patricia Pizant
COST LIMIT : \$ 526.25

ORDER DATE : December 29, 1998
ORDER TIME : 1:56 PM
ORDER NO. : 081253-040
CUSTOMER NO: 5056396
CUSTOMER: Ms. Cheryl Goldschmitt
Aimco
1225 Eye Street, Nw
Suite 200
Washington, DC 20005

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: STAR CREEK ASSOCIATES, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

EXAMINER'S INITIALS: _____

RECEIVED
98 DEC 30 PM 4:12
DIVISION OF CORPORATION