

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 DEC 30 AM 9:04	
1. Name of Limited Partnership CONSOLIDATED CAPITAL INSTITUTIONAL PROPERTIES/3,LTD.		1a. DOCUMENT # A22093			
Mailing Address P.O. BOX 1089 GREENVILLE SC 29602		Principal Office Address ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29601		3. Date Formed or Registered 02/24/1986 3a. Date of Last Report 12/04/1997 4. State or Country of Formation CA	
2. Mailing Address 1873 S BELLAIRE ST. SUITE 1700 DENVER, CO 80222-4348		2a. Principal Office Address 1873 S. BELLAIRE ST. SUITE, Apt. #, etc. SUITE 1700 DENVER, CO 80222-4348		5a. Capital Contributions as Shown on record. \$1,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$1,000,000 6. FEI Number 94-2744492 <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) \$526.25	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name: CORPORATION SERVICE COMPANY Street Address (P.O. Box Number Is Not Acceptable): 1201 HAYS STREET Suite, A, #, etc.: City: VALLAHASSEE FL Zip Code: 32301			
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) <i>Karen B. Rozar</i> 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) CONCAP EQUITIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ONE INSIGNIA FINANCIA	11b. City, State & Zip Code GREENVILLE SC 29601	11c. Registration/ Document Number P35898 3000002730813--7 -01/05/98--01072--023 ***526.25 ***526.25		
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. Consolidated Capital Institutional Properties/3, Ltd. By: Concap Equities Inc. General Partner SIGNATURE <i>Robert D. Long</i> DATE Typed or Printed Name of General Partner Signing Form ROBERT D LONG VP Daytime Telephone Number 864 239-1100					

CR2E003 (8/98)