

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020814 SP

DOCUMENT# **A22093**

1. Entity Name

**CONSOLIDATED CAPITAL INSTITUTIONAL PROPERTIES/3,**

Principal Place of Business

Mailing Address

**2000 S. COLORADO BLVD., TWR. 2, #2-1000  
DENVER CO 80222**

**2000 S. COLORADO BLVD., TWR. 2, #2-1000  
DENVER CO 80222**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**94-2744492**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P35898**  
NAME **CONCAP EQUITIES, INC.**  
STREET ADDRESS **2000 S. COLORADO BLVD., TWR. 2, #2-1000**  
CITY-ST-ZIP **DENVER CO 80222**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**7000004131847--1**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**Consolidated Capital Institutional Properties/3 by its General Partner ConCap Equities, Inc.**

SIGNATURE:

By: **DEBORAH CHESI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Deborah Chesi, Assistant Secy. 4-26-01 (303) 757-8101**

Date

Daytime Phone #

**FILED**  
**01 MAY -2 PM 2:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)



# A22093

(2)

ACCOUNT NO. : 072100000032

REFERENCE : 134790 5124005

AUTHORIZATION :

*Patricia Pizub*

COST LIMIT : \$ 526.25

ORDER DATE : May 1, 2001

ORDER TIME : 10:13 AM

ORDER NO. : 134790-010

CUSTOMER NO: 5124005

CUSTOMER: Ms. Deborah Chesi  
Aimco  
2000 South Colorado Blvd.  
Tower Two, Suite 2-1000  
Denver, CO 80222

ANNUAL REPORT FILING

NAME: CONSOLIDATED CAPITAL  
INSTITUTIONAL PROPERTIES/3

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder-EXT#1118

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
FILED  
2001 MAY -2 AM 10:46  
NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING  
SECRETARY OF STATE  
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