

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

98 DEC 30 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A22953

U. S. REALTY PARTNERS LIMITED PARTNERSHIP

94-AP
LM



Mailing Address

Principal Office Address

PO BOX 1089
GREENVILLE SC 29602

ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC 29601

3. Date Formed or Registered

07/22/1986

5a. Capital Contributions as
Shown on record.

\$8,248,500.00

3a. Date of Last Report

09/19/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

DE

6. FEI Number

57-0814502

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address

1873 S. BELLAIR ST.

1873 S. BELLAIR ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1700

SUITE 1700

City & State

City & State

DENVER, CO

DENVER, CO

Zip

Zip

80222-4348

80222-4348

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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, Apt. #, etc.

City

TALLAHASSEE

State

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)

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

TUCK, N. BARTON, JR.
U.S. REALTY I CORP.

ONE INSIGNIA FINANCIA
ONE INSIGNIA FINANCIA

GREENVILLE SC
GREENVILLE SC

P10436

700002727247--8

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

William H. Jarrard Jr.

DATE

Typed or Printed Name of General Partner Signing Form

WILLIAM H. JARRARD JR.

Daytime Telephone Number

864 239-1000

CR2E003 (8/98)

A22953



ACCOUNT NO. : 072100000032

REFERENCE : 081253 5056396

AUTHORIZATION

COST LIMIT : \$ 526.25

Patricia Pizzuti

ORDER DATE : December 29, 1998

ORDER TIME : 1:57 PM

ORDER NO. : 081253-045

CUSTOMER NO: 5056396

CUSTOMER: Ms. Cheryl Goldschmitt
Aimco
1225 Eye Street, Nw
Suite 200
Washington, DC 20005

FILED
98 DEC 30 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: U. S. REALTY PARTNERS LIMITED
PARTNERSHIP

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