

# 2002 UNIFORM BUSINESS REPORT (UBR)

0021289 SP

DOCUMENT # **A25812**

1. Entity Name  
**CUTLER CANAL ASSOCIATES, LTD**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 11

Principal Place of Business      Mailing Address  
**2000 S. COLORADO BLVD., TWR 2, STE. 2-1000**      **2000 S. COLORADO BLVD., TWR 2, STE. 2-1000**  
**DENVER CO 80222**      **DENVER CO 80222**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State      City & State

4. FEI Number      Applied For  
**65-0024664**      Not Applicable

Zip      Country      Zip      Country

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

9. Capital Contributions as Shown on record.      **\$2,596,700.00**

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 # **M0000002002**  
NAME **AIMCO CUTLER GP, L.L.C.**  
STREET ADDRESS **2000 S. COLORADO BLVD., TWR 2, STE. 2-1000**  
CITY-ST-ZIP **DENVER CO 80222**

STREET ADDRESS  
CITY-ST-ZIP **000005273270--8**

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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

**Cutler Canal Associates, Ltd., by its GP, AIMCO Cutler GP, L.L.C., by its sole member,**  
**SF General, Inc**  
**SIGNATURE:** \_\_\_\_\_ **Chad Asarch, Asst. Secretary 4-10-02 303-757-8101**  
By: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)