FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

OTC APARTMENTS LIMITED PARTNERSHIP

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A31599

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 HOV 25 PH 1: 56



| Mailing Address S APARTMENT INVESTMENT AND MANAGEMENT CO. 1873 SOUTH BELLAIRE STREET. #1700 DENVER CO 80222 | Principal Office Address % APARTMENT INVESTMENT AND MANAGEMENT CO. 1873 SOUTH BELLAIRE STREET. #1700 DENVER CO 80222 | | 3. Date Formed or Registered 06/05/1991 38. Date of Last Report 04/30/1997 | 5a. Capital Contributions as Shown on record \$38,310,000.00 5b. Amount of Capital Contributions in FLORIDA | |
|--|---|--|---|--|--|
| 2. Mailing Address | 2a. Principal Office Address | | 4. State or Country of Formation | Contributions in PLORIDA to date: | |
| Sulte, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FET Number 58-1947840 | Applied For Not Applicable | |
| City & State Zip Country | City & State Zip Country | | 7. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | | | 8. Make check payable to: Dept. o | 8. Make check payable to: Dept. of State (See reverse side for fee Information) | |
| 9. Name and Address of Current Registered Agent | | 10. If changed, new Registered Agent/Office Name | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 | | Street Address (P.O. Box Number is Not Acceptable) Suite, Apri. #, etc. City Zip Code | | | |
| 10a. Pursuant to the provisions of sections 620,1051 and 6 for the purpose of changing its registered office or regagent. Fam familiar with, and accept the obligations of SIGNATURE (Registered Agont Accepting Appointment). | jistered agent, or both, in the State of Fio I section 620 192, Florida Statutes. | rida Such chango | was authorized by its general partner(s). The DATE | reby accopt the appointment of registered | |
| A GENERAL PARTNER THAT IS MUST | S A CORPORATION, I BE REGISTERED AN | | | R BUSINESS ENTITY | |
| 11. Namo(s) of Gonoral Partnor(s) | 11a. Address of Each Genera (Do NOT Use Post Office Bo | I Bartoni | 11b. City, State & Zip Code | 11c. Registration/ Document Number | |
| AIMCO/OTC QRS, INC. 1873 S. BELLAIRE ST., # | | # 1700 | DENVER CO 80222 | F96000003238 | |
| | | į | -12/03 | 3624130 /9701091002 41.25 ****541.25 | |
| Note: General partners MAY NOT | pe changed on this form | n: an amer | ndment must be filed to ch | ange a general partner. | |

I do hereby contify that the information supplied with this filling 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. Further certify that the information indicated on this annual roport is true and accurate and that my signature shall have the same logal effects as if made under path. I further certify that I am a General Partner of the limited partnership, receiver or trustee

atucia Heath Typed or Printed Name of Goneral Partner Signing Form Patricia Heath v.P.

DATE 10/16/91

Daytime Telephone Number: 303-691-4343