FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

FILED
98 DEC 30 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A93000001344

BISCAYNE APARTMENTS ASSOCIATES, LTD.

94-AR CM

Mailing Address	Principal Office Address
C/O RELATED HOMESTEAD. INC. 2828 CORAL WAY. PENTHOUSE SUITE MIAMI FL 33145	C/O RELATED HOMESTEAD. INC. 2828 CORAL WAY. PENTHOUSE SUITE MIAMI FL 33145

3. Date Formed or Registered: 12/14/1993
3a. Date of Last Report: 12/31/1997
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record.: $1,082,796.00
5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	2a. Principal Office Address
1873 S. BELLAIRE ST.	1873 S. BELLAIRE ST
Suite, Apt. #, etc.: SUITE 1700	Suite, Apt. #, etc.: SUITE 1700
City & State: DENVER, CO	City & State: DENVER, CO
Zip: 80222-4348 Country:	Zip: 80222-4348 Country:

6. FEI Number: 65-0405981 ☐ 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)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
PEREZ, JORGE M C/O THE RELATED COMPANIES 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145	Name: CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET Suite, Apt. #, etc: City: TALLAHASSEE 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.

SIGNATURE (Registered Agent Accepting Appointment) Karen B. Rozar **Karen B. Rozar, As Its Agent** 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
RELATED/GMN BISCAYNE, LTD.	2300 GLADES RD., SUIT	BOCA RATON FL 33431	A93000001343

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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 _____ DATE 9/22/98

Typed or Printed Name of General Partner Signing Form SCOTT LESTER Vice President Daytime Telephone Number 864 298 8461

CR2E003 (8/98)

0004700

A93000001344

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 081253 5056396

AUTHORIZATION :

COST LIMIT : $

Patricia Pruitt

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98 DEC 30 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 29, 1998

ORDER TIME : 1:24 PM

ORDER NO. : 081253-005

CUSTOMER NO: 5056396

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

ANNUAL REPORT FILING

NAME: BISCAYNE APARTMENTS
ASSOCIATES, LTD.

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:

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98 DEC 30 PM 4:12
BUREAU OF CORPORATION