## FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP •ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **B9500000459** 

## AIMCO HOLDINGS, LIMITED PARTNERSHIP

FILED

97 APR 30 PH 12: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Mailing Address Principal Office Address  1873 SOUTH BELLAIRE STREET 1873 SOUTH BELLAIRE STREET DENVER CO 80222-4348 DENVER CO 80222-4348			3, Date Formed or Registered 12/18/1995	5a. Capital Contributions as Shown on record.
		3a. Date of Last Repor 01/08/1996		5D. Amount of Capital Contributions in FLORIDA
2. Mailing Address	28. Principal Office Address	2a. Principal Office Address		to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 84-1325999	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip Country		8. Make check payable to: Dept. of	Fee Required  State (See reverse side for fee information)
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				
C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  Sulte, Apt. #95:44 Memorial Hwg, 5te 100  City Fampa FL 2363				ment Services, the Sallinger Wy, Str 100 FL 2003634
10a. Pursuant to the provisions of sections 620.1051 and 620.1051 had				
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner	1b. City, State & Zip Code	11c. Registration/
AIMCO HOLDINGS QRS, INC.	1873 SOUTH BELLAIRE S		DENVER CO 80222	F95000006153
· }	dan		60002 -05/06 *****)	F95000006153  1 5 7 5 8 5 5 5/97-01065-004 156.25 ***156.25
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 agreequired by chapter 620, Fjorida Statutes.				
SIGNATURE SALVEN	XIEMI- Patricia	Hoo th	DATE	3-14-97
Typed or Printed Name of General Partner Signing Form	14111111	117716	Daytime Telephone Number	1 12 1 04 " "