2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENER- L PARTNER

							7	FILED	ì		
DOCUMENT # B9500000459 1. Entity Name AIMCO HOLDINGS, LIMITED PARTNERSHIP							01	APR 27 PM			
								RETARY OF S AHASSEE, FL			
Principal Pla	ce of Business		Mailing Address				TALL	AHASSÉE, FĽ	ORIDA		
2000 S. COLO TOWER TWO. DENVER CO	SUITE 2-1000		2000 S. COLORADO BLVD. TOWER TWO. SUITE 2-100X DENVER CO 80222	ı						<u> </u>	1 []
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					PACE	
City & State			City & State				4. FEI Number	84-1325999		Applied Not App	$\overline{}$
Zip Country			Zip	Coun	ntry		5. Certificate o	f Status Desired		8.75 Additiona	,
	6. Name and Add	iress of Current	Registered Agent		l		7. Name and A	ddress of New Re	gistered Ag	ent	
- <u></u>					Name				·		
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32301										,	
					City				FL	Zip Code	1
SIGNATURE 9. Capital Coas Shown	Signature, typed or printed na ontributions on record.	me of registered agent a	nd title if applicable (NOT: 10. Amount of Capit: I in FLORIDA to de	Contrib		ure required	when reinstating)	11. MAKE CHECK SEE REVERS		O DEPT. OF STAT	
···	A GENERA	L PARTNER T	HAT IS A BUSINESS EN	ITY M	UST BE I	REGIST	ERED AND AC	TIVE WITH THIS	OFFICE.	·	
12.		NERAL PARTNER		13.	, diranic			ADDRESS CHAI			
DOCUMENT # NAME	F95000006153 AIMCO HOLDINGS			STRE	ET ADDRESS						
CITY-ST-ZIP	2000 S. COLORAD DENVER CO 80222			CITY	-ST-ZIP		40	100042	:10 5	74-	.
DOCUMENT # NAME STREET ADDRESS				STRE	ET ADORESS :	b	(<u> </u>			135024 ****141.2	5
CITY-ST-ZIP				CITY-	-ST-ZIP ——————	5	110	·			
NAME STREET ADDRESS					ET ADORESS	 	10				
CITY-ST-ZIP					-ST-ZIP					, , , , , , , , , , , , , , , , , , ,	
NAME STREET ADDRESS					ET ADDRESS - ST-ZIP						
DOCUMENT #				STRE	et address					. '= .	
NAME STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP						
DOCUMENT / NAME				STREE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					ST-ZIP						
the receiv	<i>ie</i> t ar trustee empower	ed to execute this	this filing does not qualify folith that my signature shall have the report as required by Chaple rtnership, by it	-620 F	Inrina Stat	utae					tion ship or

By 12 Eschot (Deborah Chesi Assistant Secretary (303) 757-8101 Daytime Phone #

4-25-01