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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

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

FILED
99 JAN 15 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership: AT POOL, LTD.

1a. DOCUMENT # B96000000284

Mailing Address:
1050 SEVENTEENTH STREET, SUITE 1220
DENVER CO 80265

Principal Office Address:
1050 SEVENTEENTH STREET, SUITE 1220
DENVER CO 80265

3. Date Formed or Registered: 07/22/1996

3a. Date of Last Report: 10/08/1997

4. State or Country of Formation: CO

5a. Capital Contributions as Shown on record: $183,150.00

5b. Amount of Capital Contributions in FLORIDA to date: 80,570

6. FEI Number: 84-1187358 ☐ 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)

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office FF $526.25

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

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) ____________ DATE ____________

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
AMSTAR CAPITAL MANAGEMENT CO	1050 SEVENTEENTH STRE	DENVER CO 80265	F96000003686

300002715373--0
-12/18/98--01009--003
****526.25 ****526.25

CR2E003 (8/98)

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.

AT Pool, Ltd.; By: Amstar Capital Management Corporation, a Colorado corporation, its General Partner
By:
Kevin J. Martin, Secretary/Treasurer

SIGNATURE ____________ DATE Dec 6, 1998

Typed or Printed Name of General Partner Signing Form ____________ Daytime Telephone Number ____________