

FILE FOR DEC 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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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 #
B96000000304

AMBASSADOR FLORIDA PARTNERS LIMITED PARTNERSHIP

98-AR-UM



Mailing Address

C/O AMBASSADOR APARTMENTS, INC.
77 WEST WACKER DRIVE, SUITE 3900
CHICAGO IL 60601

Principal Office Address

C/O CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

3. Date Formed or Registered

08/05/1996

5a. Capital Contributions as
Shown on record.

\$9,900.00

3a. Date of Last Report

12/26/1997

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

4. State or Country of Formation

DE

2. Mailing Address

1873 S. BELLAIRE ST.

Suite, Apt. #, etc.

SUITE 1700

City & State

DENVER, CO

Zip

Country

80222-4348

2a. Principal Office Address

1873 S. BELLAIRE ST.

Suite, Apt. #, etc.

SUITE 1700

City & State

DENVER, CO

Zip

Country

80222-4348

6. FEI Number

36-4100863

☐ 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

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

10. If changed, new Registered Agent/Office

Name

CORPORATION SERVICE COMPANY

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

1001 HAY 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, 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)

AMBASSADOR FLORIDA PARTNERS, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

77 WEST WACKER DRIVE,

11b. City, State & Zip Code

CHICAGO IL 60601

11c. Registration/
Document Number

F96000003977

800002727248--5

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.

AMBASSADOR FLORIDA PARTNERS, INC. (GP FOR

SIGNATURE: Cheryl E. Goedschman

DATE

12/9/98

Typed or Printed Name of General Partner Signing Form

CHERYL E. GOEDSCHMAN

Daytime Telephone Number

(202) 216-2933

CR2E003 (8/98)

B96000000304



ACCOUNT NO. : 072100000032

REFERENCE : 081253 5056396

AUTHORIZATION : Patricia Pizant

COST LIMIT : \$ 158.05

ORDER DATE : December 29, 1998

ORDER TIME : 1:54 PM

ORDER NO. : 081253-035

CUSTOMER NO: 5056396

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AMBASSADOR FLORIDA PARTNERS
LIMITED PARTNERSHIP

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:

PROCESSED
98 DEC 30 PM 4:12
OFFICE OF CORPORATION