

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 31 PM 3:24

1. Name of Limited Partnership

1a. DOCUMENT #
B96000000420

AMBASSADOR III, L.P.



Mailing Address

77 WEST WACKER DRIVE, SUITE 4040
CHICAGO IL 60601

Principal Office Address

C/O PRENTICE-HALL
32 LOOCKERMAN SQUARE, SUITE L-100
DOVER DE 19904

3. Date Formed or Registered

11/05/1996

3a. Date of Last Report

12/26/1997

5a. Capital Contributions as
Shown on record.

\$9.90

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

9.90

4. State or Country of Formation

DE

6. FEI Number

36-3918048

☐ 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

1873 S. BELLAIRE ST
SUITE 1700
DENVER, CO
80222-4348

2a. Principal Office Address

1873 S. BELLAIRE ST.
SUITE 1700
DENVER, CO
80222-4348

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 HAYS STREET
SUITE 105
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

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 TEXAS, INC.

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

77 WEST WACKER DR., S

11b. City, State & Zip Code

CHICAGO IL 60601

11c. Registration/
Document Number

F96000005741

900002728219--4

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 III, L.P.

SIGNATURE BY: *Cheryl E. Goldschmitt*
ASSISTANT SECRETARY

DATE

12/29/98

Typed or Printed Name of General Partner Signing Form

CHERYL E. GOLDSCHMITT

Daytime Telephone Number

(202) 216-2933

CR2E003 (8/98)



ACCOUNT NO. : 072100000032

REFERENCE : 084369 5056396

AUTHORIZATION : *Patricia Pizot*

COST LIMIT : \$ 141.25

ORDER DATE : December 30, 1998

ORDER TIME : 11:56 AM

ORDER NO. : 084369-025

CUSTOMER NO: 5056396

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

DEC 31 PM 1:58
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: AMBASSADOR III, L.P.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: _____