2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # B9700000161 1. Entity Name | | | | | Di | SECRETARY OF STATE | | |
|---|--|---|------|--|---|--|-----------------------------------|--|
| JOHNSTOWN/CONSOLIDATED INCOME PARTNERS LIMITED P | | | | | UI | SECRETARY OF STATE VISION OF CORPORATION | łs | |
| Delegated Place of Professor | | | | | | O APR 17 AMII: 43 | • | |
| Principal Place of Business Mailing Address ONE INSIGNIA FINANCIAL PLAZA P.O. BOX 1089 | | | | | | | | |
| GREENVILLE | | GREENVILLE SC 29602-1089 | | | - my | | | |
| | | | | | | | | |
| 2. Principal Place of Business 2000 South Colorado Blvd. 2000 South Colorado Blvd. | | | | rado Blud | | I BARREL I GIO LANTE I DOST DOSTILLASTITE BOSSI DA | | |
| Suite, Apt. | #, etc. | 2000 South Colorado Blvd. Suite, Apt. #, etc. | | | • | DO NOT WRITE IN THI | IS SPACE | |
| Tower Two, Suite 2-1000 City & State | | Tower Two, Suite 2-1000 City & State | | | A EE! No | 4. FEI Number Applied For | | |
| Denver, CO | | Denver, CO | | 4. 7 2. 141 | 94-3004963 | Not Applicable | | |
| Zip 80222 | Country USA | Zip Cou 80222 | | itry SA | 5. Certifi | cate of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name | and Address of New Registere | d Agent | |
| CORPORATION OF PROF. COMPANY | | | | Name | | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| TALLAHASSEE FL 32301-2525 | | | | | | | | |
| | | | | City | Zip Code | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 9. Capital Contributions \$32 317 000 00 10. Amount of Capital Contr | | | | | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE | | | |
| as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | | | | | | |
| NOTE: General Partners MAY NOT be changed on the for | | | | ; an ame | ndment must be | filed to change a general p ADDRESS CHANGES C | artner. | |
| 12. | CONCAP EQUITIES, INC. | | | RETADDRESS 2000 South Colorado Boulevard | | | | |
| NAME STREET ADDRESS | | | | EET ALUUNESS | Tower Two, Suite 2-1000 Denver, CO 80222 | | | |
| CITY-ST-ZIP | ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29601 | | | '-ST-ZIP | Denver, C | 0 80222 | | |
| DOCUMENT # NAME | | | STR | EET ADORESS | | - | | |
| STREET ADDRESS CITY-ST-ZIP | | | СПҮ | -ST-ZIP | | | | |
| DOCUMENT# | | | STR | EET ADDRESS . | - ÷ | The second agencies. | .~ | |
| STREET ADDRESS CITY-ST-ZIP | | | СПҮ | -ST-ZIP | | 300003235 -05/02/001 | 1886 | |
| DOCUMENT# | | | STR | EET ADDRESS | | ****526.25 | ****526.25 | |
| STREET ADDRESS City - St - Zip | | | СПУ | -ST-ZIP | | | | |
| DOCUMENT # | | | STP | EET ADDRESS | | | | |
| STREET ADDRESS CITY - ST - ZIP | | | CITY | -ST-ZIP | _ | | | |
| DOCUMENT # | | | STR | EET ADORESS | | - | | |
| STREET ADDRESS CUTY-ST-ZIP | | | СПҮ | -ST-ZIP | | | | |
| 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Johnstown/Consolidated_Income_Partners_Limited_Partnership. by its GP_ConCap_Equities_True. | | | | | | | | |

Secretary Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(303) 757-8101 Daytime Phone #