APPRUVE

2002 UNIFORM BUSINESS REPORT (UBR)

FILED B97000000161 DOCUMENT # 1. Entity Name 02 MAR 15 AM 10: 23 JOHNSTOWN/CONSOLIDATED INCOME PARTNERS LIMITED P SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTNERSHIP Principal Place of Business Mailing Address 2000 S. COLORADO BLVD., TWR. 2, #2-1000 P.O. BOX 1089 DENVER CO 80222 **GREENVILLE SC 29602** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 94-3004963 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$32,317,000.00 as Shown on record in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY P35898 DOCUMENT # CR2E003 (9/01) STREET ADDRESS CONCAP EQUITIES, INC. NAME 2000 S. COLORADO BLVD., TWR. 2, #2-1000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80222 DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 400005169704---**DOCUMENT #** ****525.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME; STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby 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 Fincome Partners, Limited Partnership by its GP, ConCap Equities, Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TEChadiAsarch, Asst. Secretary

3-12-02 303-757-8101

Daytime Phone #