

# 2000 UNIFORM BUSINESS REPORT (UBR)

000407 AB

**DOCUMENT # B98000000379**

1. Entity Name  
**AP/APMC MANAGEMENT, L.P.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 27 AM 11:02

|  |  |
|--|--|
| Principal Place of Business<br>C/O AMERICAN PROPERTY MANAGEMENT CORP.<br>2929 COORS BLVD., N.W., STE 310<br>ALBUQUERQUE NM 87120 | Mailing Address<br>C/O AMERICAN PROPERTY MANAGEMENT CORP.<br>2929 COORS BLVD., N.W., STE 310<br>ALBUQUERQUE NM 87120 |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |
|--------------------------------|--|---------------------|--|
| 2. Principal Place of Business |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  |
| City & State                   |  | City & State        |  |
| Zip                            |  | Country             |  |

**8910 University Center Lane**  
**Suite 500**  
**San Diego, California**  
**92122 U.S.A.**

|  |  |
|--|--|
| 4. FEI Number<br><b>52-2067297</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY</b><br><b>1201 HAYS STREET</b><br><b>TALLAHASSEE FL 32301</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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<br>Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE   |
| 9. Capital Contributions as Shown on record. <b>\$500.00</b>                               | 10. Amount of Capital Contributions in FLORIDA to date.      | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>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                     |   | 13. ADDRESS CHANGES ONLY      |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>F98000003221</b><br><b>AMERICAN PROPERTY MANAGEMENT CORPORATION</b><br><b>2929 COORS BLVD., N.W., STE 310</b><br><b>ALBUQUERQUE NM 87120</b> | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP | <b>100003414751--1</b><br><b>-10/05/00--01053--018</b><br><b>***550.00 ***550.00</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>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

**SIGNATURE: ~~SIGNATURE REQUIRED~~ Michael S. Gallagos 9-21-00 (858) 964-5500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)