FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
~~CO~~RPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY 11 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004897

1. Corporation Name
PRIME MFP RESIDENTIAL, INC.

Principal Place of Business	Mailing Address
77 WEST WACKER DRIVE - SUITE 4040 CHICAGO IL 60601-1690	77 WEST WACKER DRIVE - SUITE 4040 CHICAGO IL 60601-1690

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1873 S Bellaire St	2a. Mailing Address 26 1873 S Bellaire St
Suite, Apt. #, etc. 22 Suite 1700	Suite, Apt. #, etc. 27 Suite 1700
City & State 23 Denver, CO	City & State 28 Denver, CO
Zip / Country 24 80222 25 US	Zip / Country 29 80222 30 US

3. Date Incorporated or Qualified
09/21/1994

4. FEI Number
36-3970981
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

800002871808--0

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when filing) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[X] DELETE	11 TITLE	P/D	[ ] Change [X] Addition
NAME	RESCHKE, MICHAEL M.		12 NAME	Peter K. Kompaniez	
STREET ADDRESS	77 WEST WACKER DR STE 4040		13 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
CITY-ST-ZIP	CHICAGO IL		14 CITY-ST-ZIP	Denver, CO 80222	
TITLE	VCFO	[X] DELETE	21 TITLE	V	[ ] Change [X] Addition
NAME	SOORSH, TOM		22 NAME	Patrick J. Foye	
STREET ADDRESS	77 WEST WACKER DRIVE - SUITE 4040		23 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
CITY-ST-ZIP	CHICAGO IL 60601-1690		24 CITY-ST-ZIP	Denver, CO 80222	
TITLE	VD	[X] DELETE	31 TITLE	S	[ ] Change [X] Addition
NAME	GLICKMAN, DAVID M		32 NAME	Joel F. Bonder	
STREET ADDRESS	77 WEST WACKER DRIVE - STE 4040		33 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
CITY-ST-ZIP	CHICAGO IL		34 CITY-ST-ZIP	Denver, CO 80222	
TITLE		[ ] DELETE	41 TITLE	C/D	[ ] Change [X] Addition
NAME			42 NAME	Terry Considine	
STREET ADDRESS			43 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
CITY-ST-ZIP			44 CITY-ST-ZIP	Denver, CO 80222	
TITLE		[ ] DELETE	51 TITLE	T	[ ] Change [X] Addition
NAME			52 NAME	Patricia K. Heath	
STREET ADDRESS			53 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
CITY-ST-ZIP			54 CITY-ST-ZIP	Denver, CO 80222	
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joel F. Bonder, Secretary 04-27-99 (303)757-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E034 (11/98)

526342

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 233035 5124005

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 150.00

ORDER DATE : May 7, 1999

ORDER TIME : 2:40 PM

ORDER NO. : 233035-030

CUSTOMER NO: 5124005

CUSTOMER: Leslie E. Oblas, Paralegal
Aimco
1873 South Bellaire Street
17th Floor
Denver, CO 80222-4348

ANNUAL REPORT FILING

NAME: PRIME MFP RESIDENTIAL, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA ODOM

EXAMINER'S INITIALS: _____

99 MAY 11 PM 3:23