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

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **F95000002866**

1. Corporation Name

AIMCO-LP, INC.

Principal Place of Business	Mailing Address
1225 EYE STREET SUITE 200 WASHINGTON DC 20005	1225 EYE STREET SUITE 200 WASHINGTON DC 20005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/13/1995**

4. FEI Number: **84-1299717** [ ] 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 [X] No

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TAMPA FL 33634

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation files 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 must sign.) Date

12. OFFICERS AND DIRECTORS		
TITLE	DC	[ ] DELETE
NAME	CONSIDINE, TERRY	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222	
TITLE	DVC	[X] DELETE
NAME	KOMPAINEA, PETER K	
STREET ADDRESS	28200 HIGHWAY 189, BUILDING F SUITE 240	
CITY-ST-ZIP	LAKE ARROWHEAD CA 92352	
TITLE	CCEO	[X] DELETE
NAME	CONSIDINE, TERRY	
STREET ADDRESS	1873 SOUTH BELLAIRE STD., 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222	
TITLE	P	[ ] DELETE
NAME	KOMPANIEZ, PETER K	
STREET ADDRESS	28200 HIGHWAY 189, BUILDING F SUITE 240	
CITY-ST-ZIP	LAKE ARROWHEAD CA 92352	
TITLE	EVPC	[ ] DELETE
NAME	BONDER, JOEL F	
STREET ADDRESS	1225 EYE ST., N.W., SUITE 200	
CITY-ST-ZIP	WASHINGTON DC 20005	
TITLE	EVP	[ ] DELETE
NAME	FOYE, PATRICK J	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		[ ] Change [ ] Add
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Add
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Add
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	P/D	[X] Change [ ] Add
42 NAME		
43 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
44 CITY-ST-ZIP	Denver, CO 80222	
51 TITLE		[X] Change [ ] Add
52 NAME		
53 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
54 CITY-ST-ZIP	Denver, CO 80222	
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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CR2E034 (11/98)

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. Joel F. Bonder, Exec Vice Pres

SIGNATURE: 04-27-99 (303)757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 223151 5056396

AUTHORIZATION :

COST LIMIT : $ 165

ORDER DATE : April 29, 1999

ORDER TIME : 11:47 AM

ORDER NO. : 223151-020

CUSTOMER NO: 5056396

RESUBMIT

Please give original submission date as file date.

CUSTOMER: Mr. Lynden L. Peter
Aimco
1225 Eye Street, Nw
Suite 200
Washington, DC 20005

ANNUAL REPORT FILING

NAME: AIMCO-LP, INC.

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: CHRISTINE LILLICH

EXAMINER'S INITIALS: B 4/30/99