

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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005253

1. Corporation Name

INSIGNIA RESIDENTIAL MANAGEMENT, INC.

Principal Place of Business 55 BEATTIE PLACE GREENVILLE SC 29602	Mailing Address P O BOX 1089 GREENVILLE SC 29602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-2047668	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
				81 Name	The Prentice Hall Corp System, Inc.
				82 Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street
				83	
				84 City	Tallahassee FL
				85 Zip Code	32301

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 Maurice Culla ASST. V.P. 4/28/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Steven D. Ira			12 NAME			
STREET ADDRESS	1873 So Bellaire St 17th Flr			13 STREET ADDRESS			
CITY - ST - ZIP	Denver CO 80222-4300			14 CITY - ST - ZIP			
TITLE	EVP/Legal Counsel/Sec	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Joel F. Bonder			22 NAME			
STREET ADDRESS	1873 So Bellaire St 17th Flr			23 STREET ADDRESS			
CITY - ST - ZIP	Denver CO 80222-4300			24 CITY - ST - ZIP			
TITLE	SVP - Controller	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Martha L. Long			32 NAME			
STREET ADDRESS	55 Beattie Place			33 STREET ADDRESS			
CITY - ST - ZIP	Greenville SC 29602			34 CITY - ST - ZIP			
TITLE	VP and Treasurer	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Patricia K. Heath			42 NAME			
STREET ADDRESS	1873 So Bellaire St 17th Flr			43 STREET ADDRESS			
CITY - ST - ZIP	Denver CO 80222-4300			44 CITY - ST - ZIP			
TITLE	EVP-Finance & Admin	<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Thomas W. Toomey			52 NAME			
STREET ADDRESS	1873 So Bellaire St 17th Flr			53 STREET ADDRESS			
CITY - ST - ZIP	Denver CO 80222-4300			54 CITY - ST - ZIP			
TITLE	SVP - Property Oper.	<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	James Mathes			62 NAME			
STREET ADDRESS	55 Beattie Place			63 STREET ADDRESS			
CITY - ST - ZIP	Greenville, SC 29602			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: Martha L. Long **MARTHA L. LONG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 05/10/99 Daytime Phone # 90269 042 150.00 **(864) 239-1000**