


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000006515		
1. Corporation Name DAVIDSON GROWTH PLUS GP CORPORATION		

Principal Place of Business PO BOX 1089 GREENVILLE SC 29602	Mailing Address PO BOX 1089 GREENVILLE SC 29602
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2. Principal Place of Business 21 1873 S. Bellaire St. Suite, Apt. #, etc. 22 Suite 1700 City & State 23 Denver, CO Zip 24 80222		2a. Mailing Address 26 1873 S. Bellaire St. Suite, Apt. #, etc. 27 Suite 1700 City & State 28 Denver, CO Zip 29 80222		3. Date Incorporated or Qualified 12/10/1997	
Country 25 USA		Country 30 USA		4. FEI Number 57-1057804	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		Applied For Not Applicable	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. \$8.75 Additional Fee Required		5. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name Corporatin Service Company 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 83 84 City Tallahassee 85 Zip Code 32301	
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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 obligation of, section 607.0505, Florida Statutes.	
SIGNATURE <i>Deborah D. Skipper</i> Signature, typed or printed name of registered agent and used if applicable	SIGNATURE <i>Deborah D. Skipper</i> (NOTE: Registered Agent must be a resident of the State of Florida) DATE 9-14-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JARRARD, WILLIAM H JR ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29601 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C/D Terry Considine 1873 S. Bellaire St., Ste. 1700 Denver, CO 80222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LEBEY, DANIEL M ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29601 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/D Peter Kompaniez 1873 S. Bellaire st., Ste. 1700 Denver, CO 80222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT URETTA, RONALD ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29601 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/S Joel Bonder 1873 S. Bellaire St., Ste. 1700 Denver, CO 80222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUECHLER, KELLEY M ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29601 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V/T Patricia Heath 1873 S. Bellaire St., Ste. 1700 Denver, CO 80222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FAUS, WILLIAM D ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29601 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: <i>Joel Bonder</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Joel Bonder, Secretary Date 9-13-99 Daytime Phone # (303) 757-8101

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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