2002 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2002 8:00 am Secretary of State DOCUMENT # M00000001831 04-17-2002 90023 035 ****50.00 AIMCO/BEVILLE, L.L.C. Mailing Address Principal Place of Business COLORADO CENTER. TOWER TWO COLORADO CENTER. TOWER TWO 2000 S. COLORADO BLVD., STE, 2-1000 2000 S. COLORADO BLVD., STE. 2-1000 DENVER CO 80222 DENVER CO 80222 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 57-1105914 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Change Addition TITLE ☐ Delete TITLE NAME AIMCO PROPERTIES, LP NAME **CR2E083** STREET ADDRESS 2000 S COLO BLVD., TOWER 2, #2-1000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80222 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

AIMCO/Beville, L.L.C., by its sole member, AIMCO Properties, LP, by its GP, AIMCO-GP, Inc. IGNATURE: By: Chad Asarch, Asst. Secretary 4-10-02 303-757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

Date

Daytime Phone #