

APPROVED  
AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** M00000002000

**1. Entity Name**  
AIMCO Cutler Riverside, L.L.C.

<b>Principal Place of Business</b> 2000 South Colorado Blvd. Tower Two, Suite 2-1000 Denver, CO 80222	<b>Mailing Address</b> 2000 South Colorado Blvd. Tower Two, Suite 2-1000 Denver, CO 80222
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<b>2. Principal Place of Business</b> 2000 S. Colorado Blvd. Suite, Apt. #, etc. Tower Two, Suite 2-1000 City & State Denver, CO	<b>3. Mailing Address</b> 2000 S. Colorado Blvd. Suite, Apt. #, etc. Tower Two, Suite 2-1000 City & State Denver, CO
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**4. FEI Number**  
74-2973968

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**Applied For**  
 Not Applicable

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** 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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_



**9. MANAGING MEMBERS / MEMBERS**

<b>TITLE NAME</b> Cutler Canal Associates, Ltd. <b>STREET ADDRESS</b> 2000 S. Colo. Blvd., #2-1000 <b>CITY-ST-ZIP</b> Denver, CO 80222	<input type="checkbox"/> Delete
<b>TITLE NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

<b>TITLE NAME</b> Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E03 (1/00)

700004611417-2

*Handwritten signature/initials*

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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 609, Florida Statutes.**

AIMCO Cutler Riverside, L.L.C., by its sole Member, Cutler Canal Associates, Ltd, by its GP, AIMCO Cutler OP, L.L.C., by its sole Member, SF General, Inc.

**SIGNATURE:** By: *[Signature]* Patti K. Fielding, SVP 9-19-01 (303) 757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



2002

ACCOUNT NO. : 072100000032  
 REFERENCE : 540367 5124005  
 AUTHORIZATION :  
 COST LIMIT : \$ *Patricia Pizit*

ORDER DATE : September 20, 2001

ORDER TIME : 11:09 AM

ORDER NO. : 540367-005

CUSTOMER NO: 5124005

CUSTOMER: Leslie Green, Corp Paralegal  
 Aimco  
 2000 South Colorado Blvd.  
 Tower Two, Suite 2-1000  
 Denver, CO 80222

ANNUAL REPORT FILING

NAME: AIMCO CUTLER RIVERSIDE,  
L.L.C.

RECEIVED  
 01 SEP 21 PM 12:10  
 DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Betty Young - Ext. 1112

EXAMINER'S INITIALS: \_\_\_\_\_