

### 2002 UNIFORM BUSINESS REPORT (UBR)

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02 JUN -6 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M01000000652

1. Entity Name  
**AIMCO/SWAP, L.L.C.**

Principal Place of Business      Mailing Address  
**2711 CENTERVILLE ROAD, SUITE 400**      **2711 CENTERVILLE ROAD, SUITE 400**  
**WILMINGTON DE 19808**      **WILMINGTON DE 19808**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**57-1119022**      Applied For  
Not Applicable

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

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 *Grant D. Barber*      **Grant D. Barber**      *6/6/02*  
Signature, typed or printed name of registered agent and title if applicable.      as its agent      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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>AIMCO PROPERTIES, L.P.</b> <b>200 SOUTH COLORADO BLVD., TWR 2, #2-1000</b> <b>DENVER CO 80222</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**AIMCO/SWAP, L.L.C., by its manager, AIMCO Properties, LP, by its GP, AIMCO-GP, Inc.**

SIGNATURE: By *Chad Asafich*      **Chad Asafich**, Asst. Secretary      3-20-02      303-757-8101

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

CR2E083 (9/01)



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032  
REFERENCE : 607054 5124005  
AUTHORIZATION : *Patricia Pzyts*  
COST LIMIT : \$ 50.00

ORDER DATE : June 3, 2002  
ORDER TIME : 2:56 PM  
ORDER NO. : 607054-005  
CUSTOMER NO: 5124005  
CUSTOMER: Ms. Deborah Hokanson  
Aimco  
2000 South Colorado Blvd.  
Tower Two, Suite 2-1000  
Denver, CO 80222

ANNUAL REPORT FILING

NAME: AIMCO/SWAP, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar - Ext. 1124

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

RECEIVED  
02 JUN -6 PM 4:26  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

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02 JUN -6 PM 4: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 22, 2002

AIMCO/SWAP, L.L.C.  
2711 CENTERVILLE ROAD, SUITE 400  
WILMINGTON, DE 19808

Subject: AIMCO/SWAP, L.L.C.

Reference Number: M01000000652

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rj  
ANNUAL REPORTS SECTION