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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp		:		
SUBJECT: CCIP	PLANTATION Name of Foreign I			
15 0: 11 1	Nume of Foreign	Sillined Filabili	ny Company	,
Dear Sir or Madam:				
The enclosed application	n, certificate and fee(s) are	e submitted for	filing.	
Please return all corresp	ondence concerning this r	natter to the fo	llowing:	
Debra McDon	ald			
	Name of Person			
Aimco				
	Firm/Company			
4582 S. Ulste	r St., Suite 110	0		
	Address			
Denver, CO 8	0237			
	City/State and Zip Code			
debra.mcdona	ald@aimco.com	า		
	used for future annual re		on)	
	concerning this matter, pl			
Debra McDon	<u>ald</u> a	, (<u>303</u>)	691-44	486
Name of	f Person	Area Code &	& Daytime T	l'elephone Number
STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo	porations ! Center Circle	,	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314
	the following amount: \$\textstyle \\$30 \text{ Filing Fee & Certificate of Status}	S55 Filing Certified		S60 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears	s on the records of the Florida Dep	partment of
State: CCIP PLANTATION GARDI	ENS, L.L.C.	
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lial	bility company is: M0100000	01910 = 三字
3. Jurisdiction of its organization: DELAWAR	RE	
4. Date authorized to do business in Florida: 8/2:		
SECTION II (5-9 complete only the applicable c	hanges)	
5. New name of the limited liability company: (must	contain "Limited Liability Comp	any, ""L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	raging members adopting the alter	iness in Florida and attach a mate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, <u>s</u> l <u>dress here:</u>	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida S	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent the appointment as registered agent the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change a liability company has been notified in writing of the	it and agree to act in this capacity and complete performance of my ered agent as provided for in Cha in the registered office address, 1)	: I further agree to comply with duties, and I am familiar with pter 605, F.S. Or, if this

itle/ Capacity	<u>Name</u>	Address	Type of Actio	
MGRM CONG	CONCAP EQUITIES, INC.	4582 S. Ulster St., Suite 1100, Denver, CO 80237		
		CONSOLIDATED CAPITAL INSTITUTIONAL PROPERTIES, LP		
<u>_</u>			Add	
			Remov	
			Rémov	
			Remove	
			Add	
			Remov	

Typed or printed name of signee