2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State DOCUMENT # M01000001912 04-16-2002 90072 044 ****50.00 1. Entity Name CCIP SOCIETY PARK EAST Principal Place of Business Mailing Address 2000 SOUTH COLORADO BLVD., TOWER TWO 2000 SOUTH COLORADO BLVD.. TOWER TWO STE. 2-1000 STE. 2-1000 DENVER CO 80222 DENVER CO 80222 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 8<u>4-1612269</u> Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired п 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 SIGNATURE Signature, typed or printed name of registered egent and title if applicable (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 MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES TITLE Managing Member ☐ Change ☐ Addition CR2E083 (9/01) Consolidated Capital Institutional NAME NAME Properties, L.P. 2000 S. Colo Blyd Denver, CO 80222 STREET ADDRESS STREET ADDRESS Tower Two #2-1000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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.

CCIP Society Park East L.D.C., by its sole member, Consolidated Capital Institutional Properties, L.P., Concap-Equities, L.P.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Chad Asarch, Asst. Secretary 4-1-2002 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ Delete

303-757-8101 Daytime Phone #

☐ Change

☐ Addition

FILED