


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  98 MAY 14 PM 12:28	
<b>FILING FEE</b> \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M94000000137		1a. Principal Place of Business Address	
AIMCO/HIL, L.L.C., L.C. <del>1873 S. BELLAIRE ST., 17TH FLOOR</del> <del>DENVER CO 80222-4348</del>				<del>1873 S. BELLAIRE ST., 17TH FLOOR</del> <del>DENVER CO 80222</del>	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
1225 Eye Street, NW		1225 Eye Street, NW		11/15/1994	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200		3a. State of Formation DE	
City & State Washington, DC		City & State Washington, DC		4. FEI Number 84-1286548	
Zip 20005		Zip 20005		5. Date of Last Report 02/19/1997	
Country USA		Country USA		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> SB 75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code 12254	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	AIMCO PROPERTIES, L.P.	<del>1873 S. BELLAIRE ST., 17TH</del> <del>1225 Eye Street, NW, Ste 200</del>		<del>DENVER CO</del> <del>Washington, DC 20005</del>	
MEM	PROPERTY ASSET MGMT. S	<del>1873 S. BELLAIRE ST., 17TH</del> <del>1225 Eye Street, NW, Ste 200</del>		<del>DENVER CO</del> <del>Washington, DC 20005</del>	
MGRM	AIMCO HOLDINGS, L.P.	<del>1873 S. BELLAIRE ST., 17TH</del> <del>1225 Eye Street, NW, Ste 200</del>		<del>DENVER CO</del> <del>Washington, DC 20005</del>	
				500002525815--8 -05/15/98--01088--005 ****188.75 ****188.75	
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. By: AIMCO Holdings, LP; By: AIMCO Holdings QRS, Inc.; By Joel F. Bonder, Exec. VP					
SIGNATURE: <u>Joel F. Bonder</u> 4/29/98					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date Daytime Phone #					