

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Katherine Harris Secretary of State	
1999		DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1 Name and Mailing Address of Limited Liability Company		DOCUMENT # M94000000145	
AIMCO/OTC, L.L.C., LIMITED COMPANY <del>1225 EYE STREET, NW, SUITE 200</del> <del>WASHINGTON DC 20005</del>		1a. Principal Place of Business Address <del>1225 EYE STREET, NW, SUITE 2</del> <del>WASHINGTON DC 20005</del>	
2 Principal Place of Business		2a. Mailing Address	
1873 S Bellaire St		1873 S Bellaire St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1700		Suite 1700	
City & State		City & State	
Denver, CO		Denver, CO	
Zip	Country	Zip	Country
80222		80222	
3. Date Organized or Qualified		3a. State of Formation	
11/22/1994		DE	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
94-3224703			
5. Date of Last Report		6. Certificate of Status Desired	
05/14/1998		<input checked="" type="checkbox"/> \$8.75 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, SUITE 105 TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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 is required when new or change)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	AIMCO PROPERTIES, L.P.	<del>1225 EYE STREET, NW, SUITE</del> 1873 S Bellaire St, Ste 1700	<del>WASHINGTON DC</del> Denver, CO 80222
MEM	PROPERTY ASSET MGMT. S	<del>1225 EYE STREET, NW, SUITE</del> 1873 S Bellaire St, Ste 1700	<del>WASHINGTON DC</del> Denver, CO 80222
MGRM	AIMCO HOLDINGS, L.P.	<del>1225 EYE STREET, NW, SUITE</del> 1873 S Bellaire St, Ste 1700	<del>WASHINGTON DC</del> Denver, CO 80222
200002858598-4			
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.			
For AIMCO Holdings QRS Inc., GP to AIMCO Holdings, L.P.(MGRM)			
SIGNATURE: <i>Rudie Oblas</i>		Asst. Secretary 4/14/99 (303) 757-8101	