

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

0043706

04-17-2002 90023 030 \*\*\*\*\*50.00

**DOCUMENT # M94000000145**

1. Entity Name

**AIMCO/OTC, L.L.C., LIMITED COMPANY**

Principal Place of Business

**2000 S. COLORADO BLVD.  
TOWER TWO, SUITE 2-1000  
DENVER CO 80222**

Mailing Address

**2000 S. COLORADO BLVD.  
TOWER TWO, SUITE 2-1000  
DENVER CO 80222**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **94-3224703**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent 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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MEM	<input type="checkbox"/> Delete
STREET ADDRESS	<b>AIMCO PROPERTIES, L.P.</b>	
CITY-ST-ZIP	<b>2000 S. COLORADO BLVD. TWR. 2, STE 2-1000 DENVER CO 80222</b>	

TITLE NAME	MEM	<input type="checkbox"/> Delete
STREET ADDRESS	<b>PROPERTY ASSET MGMT. SVCS. OF THE SW, LLC</b>	
CITY-ST-ZIP	<b>2000 S. COLORADO BLVD. TOWER 2 STE 2-1000 DENVER CO 80222</b>	

TITLE NAME	MGRM	<input type="checkbox"/> Delete
STREET ADDRESS	<b>AIMCO HOLDINGS, L.P.</b>	
CITY-ST-ZIP	<b>2000 S. COLORADO BLVD. TOWER 2 STE 2-1000 DENVER CO 80222</b>	

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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/OTC, L.L.C., by its managing member, AIMCO Holdings, LP, by its GP, AIMCO Holdings QRS, Inc.****SIGNATURE:** By: **Deborah C. Hokanson**, Asst. Secy 4-10-02 303-757-8101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)