

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M95000000008

Entity Name: OAMCO V, L.L.C.

FILED
Jan 26, 2005
Secretary of State

Current Principal Place of Business:

4582 S. ULSTER ST. PKWY. STE. 1100
DENVER, CO 80327

New Principal Place of Business:

4582 S. ULSTER ST. PKWY.
SUITE 1100
DENVER, CO 80327

Current Mailing Address:

4582 S. ULSTER ST. PKWY. STE. 1100
DENVER, CO 80327

New Mailing Address:

4582 S. ULSTER ST. PKWY.
SUITE 1100
DENVER, CO 80327

FEI Number: 52-1856110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: OXFORD REALTY FINANC, IAL GROUP, INC .
Address: 4582 S. ULSTER ST. PKWY. STE. 1100
City-St-Zip: DENVER, CO 80327

Title: MGR () Delete
Name: AIMCO/BETHESDA HOLDI, NGS ACQUISIT I I , INC.
Address: 4582 S. ULSTER ST. PKWY. STE. 1100
City-St-Zip: DENVER, CO 80327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

SIGNATURE: DEREK S. MCCANDLESS

AS

01/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date