

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M95000000038**

1. Entity Name  
**OAMCO VII, L.L.C.**

FILED

01 MAY -1 PM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**C/O OFFICE OF GENERAL COUNSEL  
7200 WISCONSIN AVE. #1100  
BETHESDA MA 20814**

Mailing Address  
**C/O OFFICE OF GENERAL COUNSEL  
7200 WISCONSIN AVE. #1100  
BETHESDA MA 20814**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2000 S. Colo Blvd**

3. Mailing Address  
**2000 S. Colo. Blvd**

Suite, Apt. #, etc.  
**Tower Two #2-1000**

Suite, Apt. #, etc.  
**Tower Two #2-1000**

City & State  
**Denver, CO**

City & State  
**Denver, CO**

4. FEI Number  
**52-1856112**

Applied For  
Not Applicable

Zip  
**80222**

Country  
**USA**

Zip  
**80222**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM INC.  
1201 HAYS ST.  
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**

**100004287901--4**  
**-05/22/01--01098--014**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

## 9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DOWNING, ROBERT B 7200 WISCONSIN AVE., #1100 BETHESDA MD 20814</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LAVIN, FRANCIS P 7200 WISCONSIN AVE. #1100 BETHESDA MD 20814</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ZICKLER, LEO E 7200 WISCONSIN AVE., #1100 BETHESDA MD 20814</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MBR Oxford Realty Financial Group, Inc. 2000 S. Colo Blvd, Tower Two #2-1000 Denver, CO 80222</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MBR AIMCO/Bethesda Hldgs Acquisitions II, Inc. 2000 S. Colo Blvd., Tower Two #2-1000 Denver, CO 80222</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**OAMCO VII, L.L.C. by its managing member Oxford Realty Financial Group, Inc.**

SIGNATURE BY: **Deborah Chesl** Deborah Chesl, Asst. Secy 4-17-01 (303) 757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)