2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUI I. Entity Nami ZIMCO XX	ne	# M960000					FILE 3 JUN 10 F	M 8: 5				
AIMCO PROF	DO BLVD. STE	2-1000 TOWER TWO	Mailing Address % AIMCO PROPERTIES. L.P. 2000 COLORADO BLVD. STE 2-1000 TOWER TWO DENVER CO 80222				DIVILION OF CORPORATIONS FALLTAHASSEE, FLORIDA					
. Principal Pl	lace of Busine		3. Mailing Address			I .						
Suite, Apt.		LSTER ST. PKWY.	4582 S. ULSTER ST. PKWY. Suite, Apt. #, etc.			· ·	CHECK HERE IF MAKING CHANGES					
City & State DENVER			SUITE 1100 City & State			4. FEI I	Number	52-2007542		Ap	plied For]
Zip 80237 Country US			Zip 80237	^{itry} US	5.0-4	£		\$!	No 5.00 Add	t Applicable litional	1	
· 						3. Cen		Status Desired	Fe	e Require		
		and Address of Current F			Name	7. Nam	e and Ac	Idress of New Rec	Jistered Ag	ent		1
	PRENTICE- 1 Hays Stf	HALL CORPORATION S		Street Add	eet Address (P.O. Box Number is Not Acceptable)						1	
	LAHASSEE											1
					City				FL	Zip Code	e	
I The above	named entity	eubmite this statement for	the purpose of changing its	register		enistered agent	or both i	n the State of Florid		·		-
	ions of registe		the purpose of changing has	cgistor		ogiotoroa agoriti	01 2041,1	THE SILLS OF FIGURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIGNATURE _	Signature, typed o	v printed name of registered agent a	nd title if applicable. (NOTE	Registere	d Agent signature	required when reinsta	ing)		DATE			
			FILE NO	W!!! 1	FEE IS \$5	0.00						1
			Make Check Payable	Make Check Payable to Florida Departme Due By May 1, 2003			te					
),		MANAGING MEMBER	RS/MANAGERS	10.		·	<u> </u>	ADDITIONS/C	HANGES		,	1,
ITLE IAME TREET ADORESS HITY-ST-ZIP	2000 S C	EMINOLE CORPORATIO OLO BLVD., TOWER TO A MD 20814	O #2-1000 STRE		i	SUITE 1100	Chang 182 S. ULSTER ST. PKWY. , JITE 1100 ENVER, CO 80237				Addition	0000
ITLE IAME TREET ADDRESS HITY-ST-ZIP	MGRM AIMCO PI 2000 S C	Roperties, L.P. Olo Blyd., Tower TV A MD 20814		1	SUITE 1100	E Change ☐ Add 582 S. ULSTER ST. PKWY. UITE 1100 ENVER, CO 80237						
ITLE IAME TREET AODRESS HTY-ST-ZIP			☐ Delete						C	□ Change	Addition	
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ITLE IAME ITREET ADDRESS IITY-ST-ZIP			☐ Delete	CITY	ie Eét aodress '-st-zip		07/01/0			Change	Addition	
 I hereby c 	certify that the	information supplied with	this filing does not qualify for	the exe	emption state:	dun Section 119	07(3)(i). [-iorida Statutes. I fi	urther certify	/ that the ir	ntormation	1

I hereby certify that the information supplied with this filling 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.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR MITHORIZED REPRESENTATIVE

REP. 6/4/03

303-757-8101