2003 LIMITED LIABILITY COMPANY

ÜN	NIFORM	BUSIN	NESS	REPO	RT (L	JBR)						
1. Entity Nam	MENT # DA-OXFORD,		0000)172		200	FILED 2003 JUN 10 PM 8: 55					
Principal Place of Business % AIMCO PROPERTIES. L.P. 2000 COLORADO BLVD. STE 2-1000 TOWER TWO DENVER CO 80222				ling Address IMCO PROPERTIE COLORADO BLV VER CO 80222		0 TOWER TWO	i A	ION OF CORPO ELAHASSEE, (FLORIDA		NAILA NIAN NEBI	
Principal Place of Business 4582 S. ULSTER ST. PKWY. Suite, Apt. #, etc.				3. Mailing Address 4582 S. ULSTER ST. PKWY. Suite, Apt. #etc SUITE 1100					••			
SUITE 1100 City & State DENVER				City & State DENVER			4. FEI Numb	CHECK HERE IF MAKING CHANGES 4. FEI Number 52-2088553 Applied For				
Zip .				Zip 80237 Coun		ntry US	5. Certificat	e of Status Desired	\$	5.00 Add ee Require		-
	6. Name and	Address of Curr	ent Registe	gistered Agent			7. Name an	7. Name and Address of New Registered Agent				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301						Name Street Address (P.O. Box Number is Not Acceptable)						-
						City	City FL Zip			Zip Cod	e]
	ions of registered	agent.			_			oth, in the State of Flo		miliar with,	and accept	
	Signature, typed or print	ed name of registered a	agent and title if a	applicable	(NOTE: Register	ed Agent signature requ	ired when reinstating)		DATE			1
				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Departm Due By May 1, 2003								
9.		MANAGING MEI	MBERS/MA	NAGERS	10.		···	ADDITIONS/	CHANGES		 '	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OXFORD REA	LTY FINANCIA D BLVD TOWER	L GROUP,	Delete	TITE NAM STR	E	4582 S. ULS SUITE 1100 DENVER, CO	TER ST. PKWY.		Change	☐ Addition	100,01,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME AIMCO PROPERTIES, L.P. 2000 S. COLO BLVD TOWER TWO #2-1000					E ME EET ADDRESS /-ST-ZIP	SUITE 1100	4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			06/	00020 11/030102	7784 7012	事 师师 **12	Addition 075.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I			[Change	Addition	
TITLE NAME STREET ADORESS				☐ Delete	TITL NAM STR				[Change	☐ Addition	1

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 manager of the same legal effect as required by Chapter 608, Florida Statutes.

STON TIME RECINED ASARCH, AUTHORIZED. REP. SIGNATURE:

6/4/03 Date

303-757-8101 Daytime Phone #