

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014917 AF

00 MAY -1 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000761

1. Entity Name
AIOP GULFSTREAM OUTLOT II, L.L.C.

Principal Place of Business 3410 SOUTH GALENA STREET, SUITE 210 DENVER CO 80231	Mailing Address 3410 SOUTH GALENA STREET, SUITE 210 DENVER CO 80231-5088
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 84-1483131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME MGRM ASSET INVESTORS OPERATING PARTNERSHIP 3410 SOUTH GALENA STREET, SUITE 210 DENVER CO 80231	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<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.

SIGNATURE: *Asset Investors Operating Partnership, L.P.*
By: Asset Investors Corporation, general partner
David M. Becker C.F.D. *4/27/00* (303)614-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER OR MANAGER _____ Date _____ Daytime Phone # _____

CR2E083 (9/99)