


APR. 27, 1999 9:05AM

NO. 318

P. 1/2

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 MAY -4 PM 4:16	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company  DC Funding Co., LLC				<b>DOCUMENT #</b> 174806000070	
1a. Principal Place of Business Address					
2. Principal Place of Business 21 West Broad Street Suite, Apt. #, etc. 11th Floor City & State Columbus, OH Zip 43215		2a. Mailing Address 21 West Broad Street Suite, Apt. #, etc. 11th Floor City & State Columbus, OH Zip 43215		3. Date Organized or Qualified 7-21-98 4. FEI Number 94-3288870 Statement 1 5. Date of Last Report	
Country US		Country US		3a. State of Formation Delaware <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> 90 Days Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
(Signature)			Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, etc. City Plantation Zip Code FL 33324		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <u>Not Changed</u> DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when relinquishing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	American Apartment Communities III L.P.	615 Front Street		San Francisco, CA 94111	
500002871635--0 -05/11/99--01067--013 ****188.75 ****188.75					
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. Paul Montgomery, Asst. Treas. AACIII Inc., GP of American Apt. Comm. III, L.P.					
SIGNATURE: <u>Paul Montgomery</u>		4/29/99		606-263-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	

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