

1882

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #M99000000316

1. Entity Name

Lakeside North, L.L.C.



FILED

03 MAY 28 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4582 S. Ulster St. Parkway Suite, Apt. #, etc. Suite 1100 City & State Denver, CO Zip 80237		3. Mailing Address 4582 S. Ulster St. Parkway Suite, Apt. #, etc. Suite 1100 City & State Denver, CO Zip 80237	
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4. FEI Number 52-2167766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Prentice-Hall Corporation System, Inc. Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee		FL	Zip Code 32301
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Chad Asarch

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

700020043677

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Oxford Realty Financial Group, Inc. 4582 S. Ulster St. Parkway, #1100 Denver, CO 80237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member AIMCO Properties, L.P. 4582 S. Ulster St. Parkway, #1100 Denver, CO 80237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

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

Chad Asarch, Asst. Secretary

May 23, 2003

Date

(303) 757-8101

Daytime Phone #

CR2E083B (12/02)



CORPORATION SERVICE COMPANY™

282

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03 MAY 28 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 107339 5124005

AUTHORIZATION

Patricia Pigot

COST LIMIT : \$ 55.00

ORDER DATE : May 27, 2003

ORDER TIME : 10:40 AM

ORDER NO. : 107339-010

CUSTOMER NO: 5124005

CUSTOMER: Ms. Leslie Green
Aimco
Suite 1100
4582 South Ulster Street Pkwy
Denver, CO 80237

ANNUAL REPORT FILING

NAME: LAKESIDE NORTH, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____

RECEIVED
03 MAY 28 AM 11:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA