

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014901 AF

DOCUMENT # M99000000450

1. Entity Name

AIMCO OCEAN OAKS, L.L.C.

00 APR 17 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1873 S. BELLAIRE STREET
DENVER CO 80222

Mailing Address

1873 S. BELLAIRE STREET
DENVER CO 80222-4358



2. Principal Place of Business

2000 South Colorado Blvd.

3. Mailing Address

2000 South Colorado Blvd.

Suite, Apt. #, etc.

Tower Two, Suite 2-1000

Suite, Apt. #, etc.

Tower Two, Suite 2-1000

City & State

Denver, CO

City & State

Denver, CO

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number

91-1960050

Applied For

Not Applicable

Zip

80222

Country

USA

Zip

80222

Country

USA

5. Certificate of Status Desired ☐

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

400003239744--6
-05/04/00--01076--011
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete
MGRM
STREET ADDRESS AMBASSADOR CRM FLORIDA PARTNERS L.P.
CITY- ST- ZIP 1873 S. BELLAIRE STREET
DENVER CO 80222

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 2000 S. Colo. Blvd., Tower Two, #2-1000
CITY- ST- ZIP Denver, CO 80222

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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.

AIMCO Ocean Oaks, L.L.C., by its Manager, Ambassador CRM Florida Partners, L.P., by its GP,
Ambassador Florida Partners, Inc.

SIGNATURE: By: Leslie E. Green Date: 4-11-00 (303) 757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)