

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000450

1. Entity Name

AIMCO OCEAN OAKS, L.L.C.

APPROVED
AND
FILED

01 APR 27 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2000 SOUTH COLORADO BLVD.
TOWER TWO, SUITE 2-1000
DENVER CO 80222

Mailing Address

2000 SOUTH COLORADO BLVD.
TOWER TWO, SUITE 2-1000
DENVER CO 80222

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

91-1960050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME AMBASSADOR CRM FLORIDA PARTNERS LP.
STREET ADDRESS 2000 S. COLO. BLVD., TOWER TWO, #2-1000
CITY-ST-ZIP DENVER CO 80222

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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, LLC by its manager, Ambassador CRM Florida Partners, LP, by its GP Ambassador Florida Partners, LP, by its GP Ambassador Florida Partners, Inc.

SIGNATURE: BY: DEBORAH CHESI DEBORAH CHESI ASSISTANT SECRETARY (303) 757-8101

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

Date 4-25-01

Daytime Phone #

CR2E083 (11/00)