


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P25165 (2) 1. Corporation Name ALLIANCE COMMERCIAL PROPERTIES, LTD., INC.					
Principal Place of Business 165 S. UNION BLVD. SUITE 500 LAKEWOOD CO 80228 US			Mailing Address 165 S. UNION BLVD. SUITE 500 LAKEWOOD CO 80228 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/13/1989 4. FEI Number 58-6237000 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 801 N.E. 187TH STREET SUITE 305 N. MIAMI BEACH FL 33162				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE	Change Addition	
NAME	STONE, RICHARD		1.2 NAME		
STREET ADDRESS	165 S. UNION BLVD., STE. 500		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD CO 80228		1.4 CITY-ST-ZIP		
TITLE	CO	DELETE	2.1 TITLE	Change Addition	
NAME	HOEG, WILLIAM		2.2 NAME		
STREET ADDRESS	165 S. UNION BLVD., STE. 500		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD CO 80228		2.4 CITY-ST-ZIP		
TITLE	CFOS	DELETE	3.1 TITLE	Change Addition	
NAME	MCCORMICK, DOUG		3.2 NAME		
STREET ADDRESS	165 S. UNION BLVD., STE. 500		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD CO 80228		3.4 CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE	Change Addition	
NAME	LEU, JEFFREY		4.2 NAME		
STREET ADDRESS	6000 CLEARWATER DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN 55343-9497		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE	Change Addition	
NAME	HALLER, THOMAS		5.2 NAME		
STREET ADDRESS	6000 CLEARWATER DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN 55343-9497		5.4 CITY-ST-ZIP		
TITLE	D	DELETE	6.1 TITLE	Change Addition	
NAME	CLARK, TIMOTHY		6.2 NAME		
STREET ADDRESS	6000 CLEARWATER DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN 55343-9497		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] Financial Officer

1/9/98

303-986-2222

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