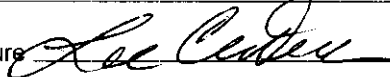


No. W 5034	Due no later than Nov 30, 2000		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		ALLEN LEE CENTERS												
	1. Mailing Address - Correct in this box, if applicable		3770 S LINDER												
	GARDEN GROVE APARTMENTS LLC ALLEN LEE CENTERS PO BOX 518 MERIDIAN, ID 83680		MERIDIAN, ID 83680												
3. <u>New</u> Registered Agent Signature															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Allen Lee Centers</td> <td>327 S. Meridian</td> <td>Meridian</td> <td>ID</td> <td>83642</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Allen Lee Centers	327 S. Meridian	Meridian	ID	83642
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Allen Lee Centers	327 S. Meridian	Meridian	ID	83642										
5. Organized Under the Laws of: IDAHO W 5034	6. Signature  Date <u>9/27/00</u> Title: Name <small>(Typed or Printed)</small> <u>Allen Lee Centers</u> XXXX <u>Manager</u>														

Issued 09/04/2000

Do Not Tape or Staple

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