FILE ON OR BEFORE APRIL 8,1998 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998



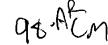
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# B93000000431



FILED TO MAR 31 AM 9: 54 LUGHTARY OF SYALL ILLAHASSEE, FLORIDA



r-Flor, Livilled Partners	94.4	C M			
Malling Address C/O APOLLO REAL ESTATE ADVISORS, L.P. TWO MANHATTANVILLE ROAD PURCHASE ANY 19572	POLLO REAL ESTATE ADVISORS, L.P. % APOLLO REAL ESTATE ADVISORS L.P.		3. Date Formed or Registered 10/18/1993 3a. Date of Last Report 01/06/1997 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$236,300.00	
PUNCHASE NI 109//				5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	28. Principal Office Address	26. Principal Office Address			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			Applied For	
City& State	City & State			Not Applicable \$8.75 Additional Fee Required	
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information	
9, Name and Address of Curre	nt Registered Agent	<u> </u>	10. If changed, new Registere	id Agent/Office	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 12101 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		Name			
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
		City FL Zip Code			
SIGNATURE (Registered Agent Accepting Appointment) _ A GENERAL PARTNER THAT MUS	IS A CORPORATION, OT BE REGISTERED AT	LIMITED P	ARTNERSHIP OR OTHE WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	Address of Each Gene 11a. (Do NOT Use Post Office I	eral Pariner Box Numbers) 1	1b. City, State & Zip Code	11c. Registration/ Document Number	
AP-FLGP CORP., INC. C/O TWO MANHATTA		NVILL	PURCHASE NY 10577	F93000004651	
ę			200002 -04/0 ****\$	48109 2-35 7/8801050014 526.25 ****526.25	
₹ ·					
Note: General partners MAY NO	T be changed on this for	m; an amen	dment must be filed to ch	ange a general partner	
 I do hereby certify that the information supplied with Corporations from any liability of non-compliance withis annual report is true and accurate and that my sempowered to execute this report as required by ch 	th Section 119.07(3)(k) in the event that the signature shall have the same legal effects or	information supplied	is deemed exempt from public access. I furth . I further certify that I am a General Partner c	ner certify that the information indicated in If the limited partnership, receiver or trus	
SIGNATURE (in Sid)	polital		DATE	3/e5/98 914) 694-8000	
Typed or Printed Name of General Partner Signing Form	Ronald J. Solotru	k	Daytime Telephone Number	914) 694-8000	