

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 26 PM 1:19

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000432

BAILEY-APOLLO FLORIDA APARTMENTS, LIMITED PARTNE
RSHIP

Mailing Address

C/O APOLLO REAL ESTATE ADVISORS, L.P.
TWO MANHATTANVILLE ROAD
PURCHASE NY 10577

Principal Office Address

% CSC NETWORKS
32 LOOCKERMAN SQUARE, SUITE L-100
DOVER DE 19901

3. Date Formed or Registered

10/18/1993

3a. Date of Last Report

01/02/1998

5a. Capital Contributions as
Shown on record

\$223,614.00

5b. Amount of Capital
Contributions in FLORIDA
to date

2. Mailing Address

CAPREIT

Suite, Apt. #, etc.

11200 Rockville Pike, Suite 100

City & State

Rockville, MD

Zip

20852

Country

U.S.

2a. Principal Office Address

CAPREIT

Suite, Apt. #, etc.

11200 Rockville Pike, Suite 100

City & State

Rockville, MD

Zip

20852

Country

U.S.

4. State or Country of Formation

DE

6. FEI Number

13-3736715

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CSC NETWORKS
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

000002860888-4

City

05/04/99-01003-010

526.FL526.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

AP-FLGP, L.P.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

C/O TWO MANHATTANVILL

11b. City, State & Zip Code

PURCHASE NY 10577

11c. Registration/
Document Number

B93000000431

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Ronald J Solotruk

DATE 3-17-99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 914-694-8000

CR2E003 (12/98)