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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999

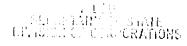


FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #



99 MAR 30 AM 9: 24

II. Name of Clinited Partitership	B9300000433			
BAILEY-APOLLO APARTMENTS	II, LIMITED PARTNERSHI	IP		1841 1841 8841 8841 8841 81688 1468 1468
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
C/O APOLLO REAL ESTATE ADVISORS, L.P. TWO MANHATTANVILLE ROAD PURCHASE NY 10677	% CSC NETWORKS 32 LOOCKERMAN SOUARE. SUITE L-100 DOVER DE 19901		10/18/1993 3a. Date of Last Report	\$23,406,489.00
			01/02/1998	5b. Amount of Capital Contributions in FLORIDA
2. Malling Address CAPREIT	2a. Principal Office Address		4. State or Country of Formation DE	to date:
Sune Apri H. etc. 11200 Rockville Pito, Suite 100	Suite Apt # etc. 11200 Rockville Pike, Suite 100		6. FEI Number 13-3736713	Applied For Not Applicable
City & State Rock ville, MD Zip Country	City & State Ruckville, IVD Zip Country		7. Certificate of Status Desired \$8.75 Additional Fee Required	
20852 V.S.	20852 U.S	<u> </u>	8. Make check payable to Dept of	State (See reverse side for fee information)
9. Name and Address of Current Re	Name and Address of Current Registered Agent Name		10. If changed, new Registered Agent/Office	
CSC NETWORKS 1201 HAYS STREET		Street Address (P.O. Box Number Is Not Acceptable)		
SUITE 105	Suite, Apt. #, etc.			
TALLAHASSEE FL 32301	City	City FL Zip Code		Zip Code
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT I				ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	BE REGISTERED AND AC 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	···T	City, State & Zip Code	11c. Registration/
AP-FLGP, L.P.	C/O TWO MANHATTANVILL		PURCHASE NY 10577	B9300000431
	rx		–∩4,/B ^c	**************************************
		1/26	<u>\</u> 49	
Note: General partners MAY NOT i	pe changed on this form; an a	mendm	ent must be filed to ch	ange a general partner.
12. I do hereby certify that the information supplied with this from any liability of non-compliance with Section 119.07(is true and accurate and that my signature shall have the execute this report as required by chapter 620, Florida S	 in the event that the information supplied is deed same legal effects as if made under oath. I further c 	med exempl fr	oni public access. I further certify that th	e information indicated on this annual report
SIGNATURE	Could / State		DATE 3	3-17-99
Typed or Printed Name of General Partner Signing Form	Ronald J Solot	ruk	Daytime Telephone Number 9	14-694-8000