**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -6 AM 9: 46

1/15

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000435

BAILEY-APOLLO CORNERSTONE APARTMENTS, LIMITED PARTNERSHIP

Mailing Address

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

Principal Office Address

C/O THE PRENTICE HALL CORPORATION SYSTEM
3200 LOOCKERMAN SQUARE. SUITE L-100
DOVER DL 19901

3. Date Formed or Registered
10/18/1993

3a. Date of Last Report
05/24/1996

4. State or Country of Formation
DE

5a. Capital Contributions as Shown on record.
$13,356,536.00

5b. Amount of Capital Contributions in FLORIDA to date
NONE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip   Country

Zip   Country

6. FEI Number
13-3736717

☐ 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	**10.** If changed, new Registered Agent/Office
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City

FL | Zip Code

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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
BAILEY-APOLLO FLORIDA APARTM	C/O TWO MANHATTANVILL	PURCHASE NY 10577	B93000000432

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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 _____ VP Controller of GP   DATE 12/30/96

Typed or Printed Name of General Partner Signing Form RONALD J. SOLOTRUK   Daytime Telephone Number (914) 694-1000

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