2001	<b>UNIFORM</b>	<b>BUSINESS</b>	<b>REPORT</b>	(UBR
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DOCU		# B9700	000	00394						a ()	16 AF
AP GP KRONUS PROPERTY HOLDINGS, L.P.					FIL!		LL.				
C/O APOLLO REAL ESTATE ADVISORS II. L.P. C/O 2 MANHATTANVILLE ROAD 2 MA		Mailing Address C/O APOLLO REAL ESTATE ADVISORS II. L.P. MANHATTANVILLE ROAD PURCHASE NY 10577		O1 FEB 26 AM II: 44  SECRETARY OF STATE TALLAHASSEE, FLORIDA				<b>       </b>			
2. Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		-	City & State		4. FEI Number	51-0376460		Applied For Not Applicabl	e		
Zip		Country	Ž	Zip.	Cour	ntry	5. Certificate of	of Status Desired [		.75 Additional Required	
	6. Name	and Address of Curren	t Regist	ered Agent		Name	7. Name and	Address of New Regis	tered Age	nt	7
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET						et Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301					City	FL Zip Code					
8. The above	named entity	submits this statement	for the p	urpose of changing its	register	ed office or regi:	stered agent, or both	n, in the State of Florida		<del></del>	
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if				uired when reinstating)		DATE		
9. Capital Co as Shown	on record.	* \$1,092,571.72		<b>10.</b> Amount of Capit in FLORIDA to d					IDE FOR F	DEPT. OF STATE EE INFORMATION	
	A C	SENERAL PARTNER General Partners M	THAT I	S A BUSINESS EN	TITY M	IUST BE REG 1: an amendm	ISTERED AND A	CTIVE WITH THIS O I to change a gener	FFICE. al partne	r.	
12.		GENERAL PARTNI			13.			ADDRESS CHANG			ゴニ
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KRONUS P 2 MANHAT	F97000001978 KRONUS PROPERTY, INC. 2 MANHATTANVILLE ROAD			EET ADDRESS	O		ENT VILL		CR2E003 (11/00)	
DOCUMENT <b>#</b>	PUNCHASE	NY 10577			STRI	EET ADDRESS	3⊃8	<u>200037</u> ! -03/01/0: ****526	1010	109019 ***526.25	CR2E
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DOCUMENT <b>#</b> NAME					STR	EET ADDRESS					
STREET ADDRESS CITY-STAZIP						/-ST-ZIP					
indicated	l on this repor	e information supplied w t is true and accurate ar empowered to execute t	d that m	iv signature shall have.	the sam	e legal effect as	ut made under oath:	), Florida Statutes. I furi that I am a General Pa	ther certify rtner of the	that the information limited partnership	or

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Solotruk

2/22/2001 Date

914-694-8000

Daytime Phone #