		May 1, 1999 00.00 LATE		l Liability Co	ompany will b	е			
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS  FILING FEE \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # M97000000479								FILED	
						_		10 APR 25   NY 5: 0:	
						* SOMERABLY AT GOAR			
						<b>1</b>			
KRONUS PROPERTY HOLDINGS LLC C/O APOLLO REAL ESTATE ADVISORS II, L.P. 2 MANHATTANVILLE ROAD PURCHASE NY 10577						1a. Principal Place of Business Address  C/O APOLLO REAL ESTATE ADVIS  2 MANHATTANVILLE ROAD  PURCHASE NY 10577			
2 Principal Place of Business 2a.				ng Address	3. Date Organiz	ed or Qualified	3a. State of Formation		
Suite, Apt	# etc		Suite. An	Suite, Apt #, etc			997	NY	
								Applied For	
City & State			City & St	City & State			869	Not Applicable	
Zip		Country	Zip	C	ountry	5. Date of Last F	· l	Certificate of Status Desired     S8.75 Additional Fee Required	
·	7. Name	and Address of Cu	urrent Registered	Agent	8.	04/13/1 Name and Addres		ered Agent/Office	
Suite, Apt. #, etc.  City  9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited						Zip Code  FL  Zip Code			
its register	red office or regi		, in the State of Flor					ment for the purpose of changing Thereby accept the appointment	
SIGNATU	IRE	(Registered Agent Ac-	repting Appears cot; [N	n If E. Registered Agent sig	hod are Perported when here's of ne	[	DATE .		
10. Title Managing Members/Managers			nagers	Business Street Address			City,	State and Zip Code	
MGRM	MGRM AP GP KRONUS PROPERTY			2 MANHAT	TANVILLE I	ROAD	D PURCHASE NY		
						<b>9</b> 1	hmmma -05/0 ****	2859789 3/9901012017 188.75 ****188.7	
·									
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.									
SIGNATURE: Intel Julia Ronald J. Solotruk 4-8-99 914-694-8000									
			ID TYLLD OR PHILLED I.	IAME OF SIGNING MANAGE	ити а МЕМБЕН ОН МАПАСЕ И		tre	Dayton Plane#	

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