

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026714 AF

**DOCUMENT # M97000000479**

1. Entity Name  
**KRONUS PROPERTY HOLDINGS LLC**

**FILED**

01 FEB 26 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**C/O APOLLO REAL ESTATE ADVISORS II, L.P.  
2 MANHATTANVILLE ROAD  
PURCHASE NY 10577**

Mailing Address  
**C/O APOLLO REAL ESTATE ADVISORS II, L.P.  
2 MANHATTANVILLE ROAD  
PURCHASE NY 10577**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3874869**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

**8000003784038--8  
-02/27/01--01148--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
AP GP KRONUS PROPERTY HOLDINGS, L.P.  
2 MANHATTANVILLE ROAD  
PURCHASE NY 10577**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:

*Ronald J. Solotruk*

**Ronald J. Solotruk 2/22/2001 914-694-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)