
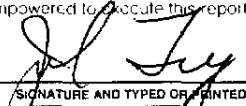


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002008</b>					
1. Entity Name AP-ADLER SPV, LTD.					
Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704			Mailing Address 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704		
2. Principal Place of Business			3. Mailing Address		
Suite Apt # etc.			Suite Apt # etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and file if applicable</small>					
9. Capital Contributions as Shown on record \$999.00			10. Amount of Capital Contributions in FLORIDA to date		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L98000001614		STREET ADDRESS		
NAME	AP-ADLER GP LLC		CITY-ST-ZIP		
STREET ADDRESS	1400 N.W. 107TH AVENUE				
CITY-ST-ZIP	MIAMI, FL 331722704				
DOCUMENT #			STREET ADDRESS	000000157235	
NAME			CITY-ST-ZIP	05/06/04-80019-001 141.25	
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			Joel Levy Executive Vice President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date 4/27/04 Costume Phone # 305-392-4051		

STAPLE CHECK HERE