


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -6 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002008	
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
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2. Principal Place of Business 2 Manhattanville Road Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Purchase, NY	City & State
Zip 10577	Country USA



02172005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0864627	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and use if applicable

9. Capital Contributions as Shown on record. \$999.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L98000001614	STREET ADDRESS	2 Manhattanville Road
NAME	AP-ADLER GP LLC	CITY-ST-ZIP	Purchase, NY 10577
STREET ADDRESS	1400 N.W. 107TH AVENUE		
CITY-ST-ZIP	MIAMI, FL 331722704		
DOCUMENT #		STREET ADDRESS	100055721501
NAME		CITY-ST-ZIP	06/03/05--01060--014 **141.25
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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:  **Brian Earle, Manager of GP** 04/15/05 (305) 392-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Secretary Phone #

STAPLE CHECK HERE