

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B06000000278

Entity Name: APF WO 15, LP

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

245 PARK AVENUE, 2ND FLOOR, NY1-Q223  
NEW YORK, NY 10167 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5005  
NEW YORK, NY 10163 US

**New Mailing Address:**

FEI Number: 20-5120161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: F06000005131  
Name: APF WO MANAGER 15, INC.  
Address: 245 PARK AVENUE, 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10167

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ETHEL GAVRILVOA

VP

03/16/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date