

APPLICATION FOR FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILING SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 30 PM 3: 05	
DOCUMENT # 1. Name of Limited Partnership JM/AP Investors I, L.P.				DO NOT WRITE IN THIS SPACE	
2. Mailing Address 2 Manhattanville Road Suite, Apt. #, etc.		3. Principal Office Address 2 Manhattanville Road Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida 3/14/94	
City & State Purchase, New York		City & State Purchase, New York		5. FEI Number 36-3941177	
Zip 10577		Zip 10577		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
Country USA		Country USA		7. State or Country of Formation Delaware	
8a. Capital Contributions as Shown on Record \$12,000,000.00		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b. with a minimum filing fee of \$52.50 and a maximum of \$437.50 for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500.00 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than the amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8b. Amount of Capital Contributions in FLORIDA to date. -0-					
9. Name and Address of Current Registered Agent The Prentice Hall Corporation System, Inc. 1201 Hays Street Suite 105 Tallahassee, Florida 32301				10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Names of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
AP-GP CF Investors I, L.P.		2 Manhattanville Road		Purchase, New York 10577	
				11a. Registration Document Number B94000000088	
				3/30/94 800002824248-7	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07 (3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE By: AP-GP of Investors I, L.P., its GP ; By: AP CF Investors I Operating Corporation, its GP Michael D. Weiner, Vice President				DATE 3.25.99	
Typed or Printed Name of General Partner Signing Form				Telephone Number 310-201-4122	