

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

28 APR 28 PM 5:00

SECRETARY OF STATE



| | | | |
|--|--|--|--|
| 1. Name of Limited Partnership AP-ADLER, L.P. | | 1a. DOCUMENT # B98000000126 | |
| 2. Mailing Address 2 MANHATTANVILLE ROAD PURCHASE NY 10577 | | 2a. Principal Office Address 2 MANHATTANVILLE ROAD PURCHASE NY 10577 | |
| 3. Date Formed or Registered 02/27/1998 | | 5a. Capital Contributions as Shown on record \$100.00 | |
| 3a. Date of Last Report | | 5b. Amount of Capital Contributions in FLORIDA to date \$100.00 | |
| 4. State or Country of Formation DE | | 6. FEI Number 13-3980932 | |
| 7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |
| 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

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|--|--|
| 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 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 |
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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. Name(s) of General Partner(s) AP-ADLER, LLC | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2 MANHATTANVILLE ROAD | 11b. City, State & Zip Code PURCHASE NY 10577 | 11c. Registration/Document Number M98000000188 0000002866250--0 -05/07/99--01014--002 ****141.25 ****141.25 |
|---|---|---|---|

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

DATE

3-17-99

Typed or Printed Name of General Partner Signing Form

Ronald J. Solotruk

Daytime Telephone Number (914) 694-8000

CR2E003 (12/98)