2006 LIMITED PARTNERSHIP ANNUAL REPORT **FILED** Due By May 1, 2006 Feb 07, 2006 08:00-AN DOCUMENT # B9800000126 **Secretary of State** 1. Entity Name AP-ADLER, L.P. Principal Place of Business Mailing Address 2 MANHATTANVILLE ROAD 2 MANHATTANVILLE ROAD PURCHASE, NY 10577 PURCHASE, NY 10577 01122006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-3980932 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. M98000000188 DOCUMENT # NAME AP-GP ADLER, LLC 000000424239 02/18/06-80041-005 500.00 STREET ADDRESS 2 MANHATTANVILLE ROAD CITY-ST-ZIP PURCHASE, NY 10577 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME DO NOT WRITE STREET ADDRESS CITY ST-ZIP IN THIS SPACE DOCUMENT# NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT # CHECK STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

OR PRINTED NAME OF SIGNING CENERAL PARTNER

02/06/06 914-694-8000