

FILE ON OR BEFORE 12/31/99 FOR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 28 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B98000000567

AP-ADLER INVESTMENT FUND, L.P.

Mailing Address

Principal Office Address

3. Date Formed or Registered

09/21/98

5a. Capital Contributions as
Shown on record.

\$17,000,000.00

3a. Date of Last Report

N/A

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

DELAWARE

6. FEI Number

65-0818925

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

1400 NW 107 AVENUE

Suite, Apt. #, etc.

2a. Principal Office Address

1400 NW 107 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

MIAMI-DADE

Zip

33172

Country

MIAMI-DADE

9. Name and Address of Current Registered Agent

LEVY, JOEL
1400 NW 107 AVENUE
MIAMI, FL 33172

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

500002744965-6

-01/15/99-01123-011

****526.2FL ****526.25

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)

ADLER NEWCO GP, INC.

AP-ADLER, LP

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1400 NW 107 AVENUE

2 MANHATTANVILLE RD. PURCHASE, NY

10577

11b. City, State & Zip Code

MIAMI, FL 33172

11c. Registration/
Document Number

P97000100750

B98000000126

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

12/24/98

Typed or Printed Name of General Partner Signing Form

JOEL LEVY, EXEC. VICE PRES.

Daytime Telephone Number

(305) 392-4050

of Adler Newco GP, Inc.

CR2E003 (8/98)