

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # B99000000420

1. Entity Name:
AP-ADLER INVESTMENT FUND 2, L.P.



Principal Place of Business
1400 N.W. 107 AVENUE
MIAMI, FL 33172

Mailing Address
1400 N.W. 107TH AVENUE
MIAMI, FL 33172



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0961688

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, JOEL
C/O ADLER NEWCO GP2, INC.
1400 N.W. 107 AVENUE
MIAMI, FL 33172

Name

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

City

FL

Zip Code

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

9. Capital Contributions
as Shown on record

\$29,615,850.00

10. Amount of Capital Contributions
in FLORIDA to date

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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000101623
NAME ADLER NEWCO GP 2, INC.
STREET ADDRESS 1400 N.W. 107TH AVENUE
CITY-STATE-ZIP MIAMI, FL 33172

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT # B99000000419
NAME AP-ADLER 2, L.P.
STREET ADDRESS 2 MANHATTANVILLE ROAD
CITY-STATE-ZIP PURCHASE, NY 10577

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

000000157232
05/06/04-80044-014 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Joel Levy
Executive Vice President

4/27/04

305-392-4051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE