


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 05 APR 29 PM 5:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 2 Manhattanville Road		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Purchase, NY		City & State		4. FEI Number 65-0961688	
Zip 10577		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable					
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		STREET ADDRESS		
NAME	ADLER NEWCO GP 2, INC.		CITY-ST-ZIP		
STREET ADDRESS	1400 N.W. 107TH AVENUE				
CITY-ST-ZIP	MIAMI, FL 33172				
DOCUMENT #	B99000000419		STREET ADDRESS		
NAME	AP-ADLER 2, L.P.		CITY-ST-ZIP		
STREET ADDRESS	2 MANHATTANVILLE ROAD				
CITY-ST-ZIP	PURCHASE, NY 10577				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					

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: Brian Earle **Brian Earle, Authorized Signatory 04/15/05 (305) 392-4050**

STAPLE CHECK HERE