


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002402 AV

<b>DOCUMENT #</b> B99000000420	
1. Entity Name AP-ADLER INVESTMENT FUND 2, L.P.	

FILED

03 APR 24 PM 4:38

Principal Place of Business 1400 N.W. 107 AVENUE MIAMI FL 33172	Mailing Address 1400 N.W. 107TH AVENUE MIAMI FL 33172
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TALLAHASSEE, FLORIDA



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2003</b>	
4. FEI Number 65-0961688	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
LEVY, JOEL C/O ADLER NEWCO GP2, INC. 1400 N.W. 107 AVENUE MIAMI FL 33172

<b>7. Name and Address of New Registered Agent</b>
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.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT #	P99000101623
NAME	ADLER NEWCO GP 2, INC.
STREET ADDRESS	1400 N.W. 107TH AVENUE
CITY-ST-ZIP	MIAMI FL 33172
DOCUMENT #	B99000000419
NAME	AP-ADLER 2, L.P.
STREET ADDRESS	2 MANHATTANVILLE ROAD
CITY-ST-ZIP	PURCHASE NY 10577
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

<b>SIGNATURE:</b>	<b>SIGNATURE REQUIRED</b>	Joel Levy, EV of GP	04/24/03	(305) 392-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #	

CR2E003 (10/02)