
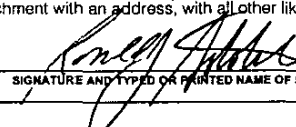


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90005 008 ***150.00

DOCUMENT # F05000007467 1. Entity Name AP/APMC-GP III, INC.					
Principal Place of Business C/O APOLLO REAL ESTATE ADVISORS, L.P. TWO MANHATTANVILLE ROAD PURCHASE, NY 10577			Mailing Address C/O APOLLO REAL ESTATE ADVISORS, L.P. TWO MANHATTANVILLE ROAD PURCHASE, NY 10577		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDAS		TITLE	VP and Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOENIG, STUART <input type="checkbox"/> Delete		NAME	Randy Torres	
STREET ADDRESS	60 COLUMBUS CIRCLE, 20TH FLOOR		STREET ADDRESS	60 Columbus Circle, 20th Floor	
CITY-ST-ZIP	PURCHASE, NY 10019		CITY-ST-ZIP	New York, NY 10023	
TITLE	VDAS <input type="checkbox"/> Delete		TITLE	VP and Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TORRES, RANDY		NAME	Michael D. Weiner	
STREET ADDRESS	60 COLUMBUS CIRCLE, 20TH FLOOR		STREET ADDRESS	10250 Constellation Boulevard	
CITY-ST-ZIP	PURCHASE, NY 10019		CITY-ST-ZIP	Los Angeles, CA 90067	
TITLE	<input type="checkbox"/> Delete		TITLE	President and AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Stuart Koenig, 60 Columbus Circle	
STREET ADDRESS			STREET ADDRESS	New York, NY 10023	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	VP and Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Ronald Solotruk	
STREET ADDRESS			STREET ADDRESS	2 Manhattanville Road	
CITY-ST-ZIP			CITY-ST-ZIP	Purchase, NY 10577	
TITLE	<input type="checkbox"/> Delete		TITLE	VP and Assistant Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Anthony Scandariato, 2 Manhattanville	
STREET ADDRESS			STREET ADDRESS	Purchase, NY 10577	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Ronald Solotruk 02/08/06 914 694 8000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					