

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003548

FILED
Apr 12, 2011
Secretary of State

Entity Name: AP WH ORLANDO OPERATOR INC.

Current Principal Place of Business:

% APOLLO VALUE ENHANCEMENT FUND VII, L.P.
TWO MANHATTANVILLE ROAD, SUITE 203
PURCHASE, NY 10577

New Principal Place of Business:

Current Mailing Address:

% APOLLO VALUE ENHANCEMENT FUND VII, L.P.
TWO MANHATTANVILLE ROAD, SUITE 203
PURCHASE, NY 10577

New Mailing Address:

FEI Number: 27-3409956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: TORRES, RANDY
Address: 60 COLUMBUS CIRCLE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10023

Title: D
Name: WOLF, STEVE
Address: 60 COLUMBUS CIRCLE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10023

Title: D
Name: KOENIG, STUART F
Address: 60 COLUMBUS CIRCLE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10023

Title: D
Name: MURPHY, KIERAN
Address: TWO MANHATTANVILLE ROAD, SUITE 203
City-St-Zip: PURCHASE, NY 10577

Title: D
Name: SOLOTRUK, RON
Address: TWO MANHATTANVILLE ROAD, SUITE 203
City-St-Zip: PURCHASE, NY 10577

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RONALD SOLOTRUK

VP

04/12/2011

Electronic Signature of Signing Officer or Director

Date