File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 23 AM 8:21

FILING FEE $ 188.75	**Annual Report $100.00 + $88.75 Corporation Supplemental Fee**
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000002479

AP-ADLER OAKES LLC
1400 NORTHWEST 107TH AVENUE
MIAMI FL 33172-2704

1a. Principal Place of Business Address

1400 NORTHWEST 107TH AVENUE
MIAMI FL 33172

2 Principal Place of Business	2a. Mailing Address
1400 Nw 107 Avenue	1400 Nw 107 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33172 Country: Miami-Dade	Zip: 33172 Country: Miami-Dade

3. Date Organized or Qualified	3a. State of Formation
10/29/1998	FL

4. FEI Number: 65-0893806 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
LEVY, JOEL 1400 NORTHWEST 107TH AVENUE MIAMI FL 33172	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City FL Zip Code

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****188.75 ****188.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required where indicated)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	AP-ADLER INVESTMENT FU	1400 NORTHWEST 107TH AVENU	MIAMI FL

11 I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ 4/15/99 (305) 392-4051
(SIGNATURE AND TITLE OF CHAIRMAN OR CHIEF EXECUTIVE OFFICER OF CORPORATE MANAGER OR MANAGING MEMBER REQUIRED) (Date) (Telephone Number)

INUSE10R (12/98) Vice President, Secretary/Treasurer of