## W600000189



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 25.00

PROOF OF FILING:

ORDER DATE : April 2, 2002

ORDER TIME : 9:44 AM

ORDER NO. : 508178-005

CUSTOMER NO: 4387288

CUSTOMER: Mr. Thomas Jordan

Apollo Real Estate Advisors,

2 Manhattanville Road

2nd Floor

Purchase, NY 10577-2118

CHANGE OF AGENT

NAME: AP-GP ADLER 2, L.L.C.

500005189525--3

	٠.	**					
Name Availability		<del>- Re</del> Ti	JRN	THE	FOLL	OWING	AS
	y	CEI	RTI	'IED	COPY		
Document Examiner	XX	PIA	ΣĪΝ	STA	MPED (	COPY	
		DCC		•			
Updater	CONTAC	TEPER	SON	· .	Ellyn	Herno	lon
Upda'er Verifyer		-	1		_		
		DOC					
tetronts	enert	DCC					
	yer	DUC					

799,000001833

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability of	ompany is: AP-GP ADLI	ER 2, L.L.C.			
2. The mailing address of the limited			oad		•
Purchase, NY 10577			<u></u>		
					<u></u> + ·
11/18/1999	· ·	M99000001823			
3. Date of filing/registration in Florid		4. Document number			
5. The name of the registered agent as Florida Department of State:	nd the registered office ac	ddress as shown on th	e records of	the	
Natio	onal Corporate Resea	rch, Ltd.			
	Name				
:	.406 Hays Street - S	te. 2			
	Address				
<u></u>	Tallahasseee, FL 32	2301	7.0		
	City, State and Zip		77.	20	
6. The name and address of the new re	gistered agent and/or of	fice:	RETAI AHAS	APR -3	77
Co	rporation Service Co	mpany	TARY OF ASSEE, F	ယ	
	Name	<u> </u>	뜨윽	7	Ö
	1201 Hays Street	ř.	F STAT	င္မ	
Florida str	eet address (P.O. Box No	OT acceptable)	DRIDA	= 0	
Tallah	assee FL	32301			
	City, State and Zip	<del></del>		-	
If the limited liability company is not confirmed that after the change or charand the business office of the registere liability company, it is hereby confirm the members of the limited liability could be operating agreement of the limited.  Signature of a member or authorized representative	ages are made, the Florid dagent will be identical. ed that the change(s) was apany or as otherwise prolliability company.	of the State of Florid la street address of the Or, in the case of a F s/were authorized by a rovided in the articles	a, it is hereby registered of Florida limite in affirmative of organizat	y ffice d e vote ion or	: of
Ronald J. Solotruk					
(Printed or typed name of signee)	· · · · · · · · · · · · · · · · · · ·				
I hereby accept the appointment as re- simply with the provisions of all statui and I am familiar with and accept the of Chapter 608, F.S. Or, if this document address, rhereby confirm that the limit		to act in this capacity and complete perforn n as registered agent reflect a change in the been notified in writi	v. I further a nance of my as provided g registered ng of this ch	gree i duties for in office ange.	to ',
Signature of Registered Agent). Gates	_, Asst. V.P.	, 1			<del>-</del> -
Division of Corpora	ntions, P.O. Box 6327, T	Tallahassee, FL 3231	14		

INHS18(10/99) FILING FEE: \$25.00