2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900000736								
MIRAMAR II FLEXXSPACE, LTD.					FILED OI APR 27 PM 3: 53			
1400 N.W. 107 MIAMI FL 3317	1400 N.W. 107TH AVENUE MIAMI FL 33172-2704			SECRETARY OF STATE TALLARESEE, FLORIDA				
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State City & State					4. FEI Number 65-0924610 Applied For			
Zip Country		Zip Country		ntry	5. Certificate of Status	- Desired	\$8.75 Ad	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			Fee Require	∌d
o. Name and Address of Content Hegistered Agent				Name				
LEVY, JOEL				Street Address (P.O. Box Number is Not Acceptable)				
1400 N.W. 107TH AVENUE MIAMI FL 33172-2704								
				City FL Zip Code				
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or registe	ered agent, or both, in the			
	·							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registere	ed Agent signature require		DATE		
9. Capital Co as Shown		10. Amount of Capita in FLORIDA to da		butions	11.	MAKE CHECK PAYABLE SEE REVERSE SIDE FO	TO DEPT. O R FEE INFO	F STATE RMATION
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 13. ADDRESS CHANGES ONLY								
DOCUMENT #	L99000002589 MIRAMAR II FLEXSPACE LLC			EET ADDRESS				
NAME STREET ADDRESS	1400 N.W. 107TH AVENUE		CITY	r-ST-ZIP				
CITY-ST-ZIP	MIAMI FL 33172-2704	-						
DOCUMENT # NAME				EET ADORESS	<u> </u>			
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP		****526.25	****5	26.25
DOCUMENT #			STR	EET ADDRESS				
NAME STREET ADDRESS			CITY	/-ST-ZIP				
CITY-ST-ZIP DOCUMENT			-			,		
NAME	1 .		STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZiP				
DOCUMENT #			STR	EET ADDRESS				
NAME STREET ADDRESS			CITY	r-ST-ZIP				
CITY-ST-ZIP DOCUMENT ₽			-					
NAME			STR	EET ADDRESS		-		
STREET ADDRESS CITY-ST-ZIP				/-ST-ZIP .				
indicated	ertify that the information supplied wit on this report is true and accurate and er or trustee empoyered to execute the	d that my signature shall have t	he sam	ie legal effect as it	Section 119.07(3)(i), Florid made under oath; that I a '	a Statutes. I further cer m a General Partner of	tify that the the limited	information partnership or