2005 LIMITED PARTNERSHIP ANNUAL REPORT

STAPLE CHECK HERE

| Due by May 1, 2005 | | | | | | | | | ف | |
|---|--|--------------------|---------------------------|---|---|-----------------------|-------------------|---|---|--|
| DOCUMENT # A9900000736 | | | | | | | | I I | | |
| 1. Entity Name | | | | | | | | 05 4- | * CD | |
| MIRAMAR II FLEXXSPACE, LTD. | | | | | | | | PRO | 0 . | |
| | | | | | | | 72 | SECRETOR | PM 5: 23 E. FLORIDA | |
| Principal Plac | | | ١ , | | LEAHASS 1 | OFCO | | | | |
| 1400 N.W. 107TH AVENUE | | | 1400 N.W. 107TH A | 1 | $\bigcup V_{i}$ | - | 1035 | E. FI SATE | | |
| MIAMI, FL 33172-2704 | | | MIAMI, FL 33172-2704 | | | ΝЧ | ¥, | | LURIDA | |
| | | | | | - [| ノリ | I IBBIBR IBIB I | III IEII EEII EEII EEII AEII | ANCH ARMI ARMI IRAGA MINT ANIBIK ALIBAL | |
| 2. Principal Place of Business 3. Mailing Address | | | | | 1 | | | | | |
| | attanville Ro | | | | | 1 1994 11 1814 1 | | PRIIL BOILL BOILL FOR BUILD TILLOR BUILDE | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 02182005 | Chg-LP | CR2E003 (10/03) | | |
| | | | | | | | 02102000 | Olig-Li | | |
| City & State | | | City & State | | | | 4. FEI Number | 040 | Applied For | |
| Purchase, NY | | | 7:- | | 65-0924610 Not Applicable | | | | | |
| Zip 10577 | Country | | Zip | Cour | ntry | | 5. Certificate of | Status Desired | \$8.75 Additional Fee Required | |
| 10577 USA 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | |
| V. Hallo tild Hadiosa of Dariott Hagistone Agent | | | | | | Name | | | | |
| LEVY, JOE | | | | | Street Address (B.O. Box Nurshay in Not Accontable) | | | | | |
| | 107TH AVENUE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| MIAMI, FL | 33172-2704 | | | | | | | | | |
| | | | | | City | | | | Zip Code | |
| | | | | | City | | | | FL Zip Code | |
| 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 Signature, typed or printed name of registered agent and title if applicable. | | | | | | | | | | |
| 9. Capital Contributions to 700,000 00 | | | | | | | | | | |
| as Shown on record. \$2,780,000.00 in FLORIDA to date. 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. AC | | | | | | | | ADDRESS CHA | INGES ONLY | |
| DOCUMENT / | L99000002589 | | | | EET ADDRESS | | | | | |
| NAME | MIRAMAR II FLEXSPACE LLC | | | | | 2 Manhattanville Road | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1400 N.W. 107TH A\ MIAMI, FL 33172270 | | | CITY | Y-ST-ZIP | Pur | chase, N | r 10577 | | |
| | WIIAWII, FL 3317227 | U-4 | | | | | | | | |
| DOCUMENT # NAME | | | | STR | eet address | | | | | |
| STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | | CITY | Y-ST-ZIP | | | | | |
| DOCUMENT # | | | | STD. | EET ADDRESS | | <u>.90</u> | <u>Q</u> O545 | 21329 011 **526,25 | |
| NAME | | | | SIR | ICE I ADDRESS | | U5/13/ | <u> 70501060</u> - | 011 **526.25 | |
| STREET ADDRESS | | | | CITY | r-ST-ZIP | | | | · | |
| CITY-ST-ZiP | | | | | | | | | | |
| DOCUMENT # NAME | | | | STR | EET ADDRESS | | | | | |
| STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | | cm | Y-ST-ZIP | | | | | |
| DOCUMENT # | | | | 070 | EET ADORESS | | | | | |
| NAME | | | | SIN | EE ADVINESS | | | | | |
| STREET ADDRESS | | | | CITY | Y-ST-ZIP | | | | | |
| CITY-ST-ZIP | | | | | | | | | | |
| DOCUMENT# | | | | STR | EET ADDRESS | | | | | |
| NAME . STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | | L | Y-ST-ZIP | | | | | |
| 14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes | | | | | | | | | | |
| D Brian Earle, Authorized Signatory 4/15/05 (305) 392-4050 | | | | | | | | | | |
| SIGNAT | URE: | RE AND TYPED OR PR | RINTED NAME OF SIGNING GE | NERAL PARTN | IER | | | Date | Daytims Phone # | |
| | | | | *** | | | | ** | | |