

102

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020914

1. Entity Name

FLEXSPACE MANAGEMENT, LLC

FILED
02 OCT 16 AM 9:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

1400 N.W. 107TH AVENUE
MIAMI FL 33172
US

1400 N.W. 107TH AVENUE
MIAMI FL 33172
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE Number

65-115 7184

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, JOEL
1400 N.W. 107TH AVENUE
MIAMI FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE: **MGRM**
NAME: **AP-ADLER INVESTMENT FUND 2, L.P.** Delete
STREET ADDRESS: **1400 N.W. 107TH AVENUE**
CITY-ST-ZIP: **MIAMI FL 33172**

TITLE: Change Addition

TITLE: Delete

TITLE: **CEO, Michael M. Adler** Change Addition
NAME: **Adler, Michael M.**
STREET ADDRESS: **1400 NW 107 Avenue**
CITY-ST-ZIP: **Miami, FL 33172**

TITLE: Delete

TITLE: **EV/COO** Change Addition
NAME: **Levy, Joel**
STREET ADDRESS: **1400 NW 107 Avenue**
CITY-ST-ZIP: **Miami, FL 33172**

TITLE: Delete

TITLE: **EV** Change Addition
NAME: **Heister, Daniel**
STREET ADDRESS: **1400 NW 107 Avenue**
CITY-ST-ZIP: **Miami, FL 33172**

TITLE: Delete

TITLE: **ST** Change Addition
NAME: **Arrizurieta, Luis**
STREET ADDRESS: **1400 NW 107 Avenue**
CITY-ST-ZIP: **Miami, FL 33172**

TITLE: Delete

TITLE: **AS** Change Addition
NAME: **Adler, Linda K.**
STREET ADDRESS: **1400 NW 107 Avenue**
CITY-ST-ZIP: **Miami, FL 33172**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Linda K. Adler, Assistant Secretary

9/23/02 (305) 392-4050

Date Daytime Phone #

CR2E083 (4/02)

202

FlexxSpace Management, LLC
2002 Uniform Business Report

Attachment

Reference # L01000020914

MGRM
Adler, Michael M.
1400 N.W. 107 Avenue
Miami, Florida 33172

MGRM
Scully, William A.
1301 Aveue of the Americas, 38th Floor
Wilmington, Florida 10019