

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000008998

**Entity Name:** IBP FLEXXSPACE 2 GP, LLC

**Current Principal Place of Business:**

1400 N.W. 107TH AVENUE  
5TH FLOOR  
MIAMI, FL 33172

**Current Mailing Address:**

1400 N.W. 107TH AVENUE  
5TH FLOOR  
MIAMI, FL 33172

**FEI Number:** 20-3420727

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITHER, ROBERT M  
1400 NW 107TH AVE 5TH FLOOR  
MIAMI, FL 33172 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ADLER NEWCO GP 2 INC.  
Address 1400 N.W. 107TH AVENUE  
City-State-Zip: MIAMI FL 33172

Title P  
Name ADLER, MICHAEL M  
Address 1400 NW 107TH AVENUE  
City-State-Zip: MIAMI FL 33172

Title VP  
Name SMITHER, ROBERT M  
Address 1400 NW 107TH AVENUE  
City-State-Zip: MIAMI FL 33172

Title S, T  
Name SMITHER, ROBERT  
Address 1400 NW 107TH AVE  
City-State-Zip: MIAMI FL 33172

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT SMITHER

VP

04/30/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date