

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33210

1. Entity Name

Bryan Dairy FlexxSpace, Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -6 PM 1:28

Principal Place of Business

Mailing Address

2. Principal Place of Business

1400 N.W. 107 Avenue

3. Mailing Address

1400 N.W. 107 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-3169466

Applied For

Not Applicable

Zip

33172

Country

Miami-Dade

Zip

33172

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

Levy, Joel
1400 N.W. 107 Avenue
Miami, FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (R.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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. \$200,000

10. Amount of Capital Contributions

in FLORIDA to date. \$2,861,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # 199000009096
NAME Pinellas FlexxSpace LLC
STREET ADDRESS 1400 N.W. 107 Avenue
CITY-ST-ZIP Miami, FL 33172

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
FF \$526.25
300003280923--5
-06/08/00--01019--007
****526.25 ****526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-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

SIGNATURE:

Linda K. Adler

3/26/00

(305) 392-4051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Linda K. Adler, Assistant Secretary of Adler Newco GP 2, Inc., Managing General Partner
of AP-Adler Investment Fund 2, L.P., Managing Member of Pinellas FlexxSpace LLC