

2001 UNIFORM BUSINESS REPORT (UBR)


0005699 AF

DOCUMENT # A33010
 1. Entity Name
BRYAN DAIRY FLEXXSPACE, LTD.

Principal Place of Business Mailing Address
1400 N.W. 107TH AVENUE **1400 N.W. 107TH AVENUE**
MIAMI FL 33172 **MIAMI FL 33172**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

FILED
01 APR 27 PM 12:13
SECRETARY OF STATE
TALLAHASSEE



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3169466** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEVY, JOEL
1400 N.W. 107TH AVENUE
MIAMI FL 33172

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,861,000.00** 10. Amount of Capital Contributions in FLORIDA to date.
 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L99000009096	STREET ADDRESS	
NAME	PINELLAS FLEXXSPACE, LLC	CITY-ST-ZIP	
STREET ADDRESS	1400 N.W. 107TH AVENUE	STREET ADDRESS	300004213013--5
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	-05/11/2011-01130-004
DOCUMENT #		CITY-ST-ZIP	***526.25 ***526.25
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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:  **Joel Levy**
Executive Vice President * **04/15/01** **(305)392-4050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)