


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A33010 1. Entity Name BRYAN DAIRY FLEXXSPACE, LTD.					
Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI, FL 33172			Mailing Address 1400 N.W. 107TH AVENUE MIAMI, FL 33172		
2. Principal Place of Business 2 Manhattanville Road		3. Mailing Address Suite, Apt. #, etc.			
City & State Purchase, NY		City & State			
Zip 10577	Country USA	Zip	Country	4. FEI Number 59-3169466	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="text-align: right;">FL Zip Code</div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$2,861,000.00		10. Amount of Capital Contributions 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. ADDRESS CHANGES ONLY		
DOCUMENT #	L99000009096		STREET ADDRESS	2 Manhattanville Road	
NAME	PINELLAS FLEXXSPACE, LLC		CITY - ST - ZIP	Purchase, NY 10577	
STREET ADDRESS	1400 N.W. 107TH AVENUE				
CITY - ST - ZIP	MIAMI, FL 33172				
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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: 			Brian Earle, Auth. Signatory 4/15/05 (305) 392-4050		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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