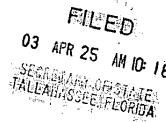
2003 LIMITED PARTNERSHIP								
UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)					
DOCUMENT #  1. Entity Name BRYAN DAIRY FLEXXSP/								





Mailing Address



Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI FL 33172 MIAMI FL 33172 MIAMI FL 33172 MIAMI FL 33172				IIII III III III III III III III III I							
Principal Place of Business     3. Mailing Address											
Suite, Apt. #, etc.			9	Suite, Apt. #, etc.				DUE BY MAY 1, 2003			
City & State City & State			City & State	· ·		4. FEI Number	ber <b>59-3169466</b> Applied For Not Applica				
Zip		Country	1_	Zip	Coun	try	5. Certificate of	5. Certificate of Status Desired See Required Fee Required			
	6. Name	and Address of Current	Regist	ered Agent			7. Name and	Address of New Registere	d Age	nt	
LEVY, JOEL					Name						
1400 N.W	. 107TH AV	/enue		•		Street Add	dress (P.O. Box Number	ris Not Acceptable)			
MIAMI FL 33172				í							
		,				City		F	L	Zip Code	
	named entiti ions of regist		or the po	urpose of changing its	registere	ed office or re	egistered agent, or both	i, in the State of Florida. Ta	m fami	iliar with, and accept	
SIGNATURE -		<del></del>		. <del></del>							
		or printed name of registered agent	and title if					DATI			
9. Capital Contributions as Shown on record. \$2,861,000.00 10. Amount of Capital in FLORIDA to date			ate.		11. MAKÉ CHECK PAYABLE TO FL. DEPT. OF STATE SEE BEVERSE SIDE FOR FEE INFORMATION						
	NOTE:	General Partners MA	NO.	Γ be changed on th	e form	UST BE RE	EGISTERED AND Adment must be filed	CTIVE WITH THIS OFFI I to change a general p	artne	r.	
12.		GENERAL PARTNE	R INFO	RMATION	13.	ADDRESS CHANGES ONLY					
DOCUMENT <b>#</b> NAME	L99000009096 PINELLAS FLEXXSPACE, LLC				STRE	et address					
STREET ADDRESS CITY-ST-ZIP	1400 N.W. MIAMI FL	. 107TH AVENUE 33172			CITY-	-ST-ZIP	·			,	
DOCUMENT # NAME					STRE	ET ADDRESS	04/25/	<del>60170970</del> 0301047015	##!     ##!	526.25	
STREET ADDRESS CITY-ST-ZIP					CITY	ST-ZIP					
DOCUMENT #					STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					CITY	ST-ZIP					
DOCUMENT #					STRE	ET ADDRESS					
STREET ADDRESS		$\mathbf{v}_{\alpha}$			CITY-	ST-ZIP					

STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 it 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DOCUMENT #

CITY-ST-ZIP

DOCUMENT #

NAME STREET ADDRESS

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