

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # A94000000937
1. Entity Name
IBP 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: Suite, Apt #, etc.
3. Mailing Address: Suite, Apt # etc.

City & State: City & State

4. FEI Number: 59-3261731
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. I am familiar with and accept the obligations of registered agent.

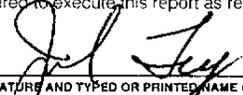
9. Capital Contributions as Shown on record: \$4,775,000.00
10. Amount of Capital Contributions in FLORIDA to date:

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 | |
| NAME | PINELLAS FLEXXSPACE, LLC | CITY - ST - ZIP | |
| STREET ADDRESS | 1400 N.W. 107TH AVENUE | | |
| CITY - ST - ZIP | MIAMI, FL 33172 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
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| NAME | | CITY - ST - ZIP | |
| 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:  **Joel Levy**
Executive Vice President
Date: 4/27/04 Daytime P. Code #: 305-392-4051

STAPLE CHECK HERE