
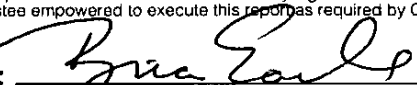


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
 05 APR 29 PM 5:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # A94000000937</b>			
1. Entity Name <b>IBP FLEXXSPACE, LTD.</b>			
Principal Place of Business <b>1400 N.W. 107TH AVENUE MIAMI, FL 33172</b>		Mailing Address <b>1400 N.W. 107TH AVENUE MIAMI, FL 33172</b>	
2. Principal Place of Business <b>2 Manhattanville Road</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Purchase, NY</b>		City & State	
Zip <b>10577</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>59-3261731</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI, FL 33172</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	
		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.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. <b>\$4,775,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	<b>L99000009096</b>	STREET ADDRESS	<b>2 Manhattanville Road</b>
NAME	<b>PINELLAS FLEXXSPACE, LLC</b>	CITY-ST-ZIP	<b>Purchase, NY 10577</b>
STREET ADDRESS	<b>1400 N.W. 107TH AVENUE</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>900054520829</b>
NAME		CITY-ST-ZIP	<b>05/13/05--01057--025 **526.25</b>
STREET ADDRESS			
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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			
<b>SIGNATURE:</b> 		<b>Brian Earle, Authorized Signatory 4/15/05 (305) 392-4050</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE