


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 24 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002407 AV

DOCUMENT # A94000000937 1. Entity Name IBP FLEXXSPACE, LTD.	
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Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI FL 33172	Mailing Address 1400 N.W. 107TH AVENUE MIAMI FL 33172
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-3261731	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVY, JOEL	Name
1400 N.W. 107TH AVENUE	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33172	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.

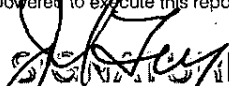
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$4,775,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	600016923686
CITY-ST-ZIP	04/24/03--01023--019 **526.25
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
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NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	STREET ADDRESS
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:  **SIGNATURE REQUIRED** Joel Levy EO of GP 04/22/03 (305) 392-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER of MGRM of GP Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE