2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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

1. Entity Nam	e	A9500000 EXXSPACE, LT		Secretary of State					
Principal Place of Business Mailing Address 1400 N.W. 107TH AVENUE 1400 N.W. 107TH AVENUMAMI, FL 33172 MIAMI, FL 33172									
Principal Place of Business 3. Making Address									
Suite, Apt. #, etc.			Suite, Apt # etc			03292004	Chg-LP	CR2E003	3 (10/03)
Oty 8 Utale			Cit, & State			4. FFI Number 59-3352			Not Applicable
Z ₁ p	Zip Country		Zip	Zip Country		<u> </u>	of Status Desired	L Ȁ	8.75 Additional ee Required
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name			
LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI, FL 33172					Street Address (P.O. Box Number is Not Acceptable)				
					City	FL Zip Code			
SIGNATURE 9. Capital Coas Shown	ntributions on record.	niciru nante of registered ag	10. Amount o in FLORIC		TERED AND A	OTIVE WITH TH	DATE		
	A GE NOTE: 0	NEHAL PARTNEI Beneral Partners I	MAY NOT be changed	d on the form	i; an amendmer	nt must be filed	to change a g	eneral parti	ner.
12.		GENERAL PART	NER INFORMATION	13.			ADDRESS CH	ANGES ONLY	
LOCUMENT - L99000009096 CAME PINELLAS FLEXXSPACE, LLC STREET ADCRESS 1400 N.W 107TH AVENUE			}		EET ADDRESS				
CHY-ST-ZIP GOODMENT #	MIAMI, FL 3	33172			EST ADDRESS				
NAME JAREET ADDRÉSS	<u> </u>				-SF-ZIP			<u> </u>	14 526.25
DOCUMENT #		<u></u>		ŞTRI	EET ADDRESS				···
NAME STREET ADDRESS CITY-ST-ZIP				слу	· ST-ZIP				
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DITY-ST-ZIP)				r-SI-ZIP				
14. Thereby indicated the recei	certify that the i f on this report i ver or trustee er	nformation supplied s true and accurate impowered to execut	with this filing does not quant that my signature sha and that my signature sha a foils report as required to	ualify for the exe all have the sam by Chapter 620,	emption stated in S e legal effect as if Florida Statutes	ection 119 07(3)(i made under oath	i), Florida Statules , that I am a Gener	I further certil at Partner of the	fy that the information no limited partnership or

Joel Levy
Executive Vice President
SGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: .