

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A95000001951

1. Entity Name  
CROSS BAYOU FLEXXSPACE, LTD.



FILED

29 PM 5:57

TALLAHASSEE FLORIDA

05 APR 29 PM 5:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
2 Manhattanville Road

3. Mailing Address



02172005 Chg-LP CR2E003 (10/03)

City & State  
Purchase, NY

City & State

4. FEI Number  
59-3352650

Applied For  
Not Applicable

Zip  
10577

Country  
USA

Zip

Country

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. \$1,322,000.00

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  
NAME PINELLAS FLEXXSPACE, LLC  
STREET ADDRESS 1400 N.W. 107TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33172

STREET ADDRESS 2 Manhattanville Road  
CITY-ST-ZIP Purchase, NY 10577

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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:

*Brian Earle*

Brian Earle  
Auth. Signatory

4/15/05

(305) 392-4050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE