## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A9800001682  1. Entity Name  KENNEDY-EDGEWATER FLEXSPACE, LTD.								
						DIVISION OF CORPORATIONS		
Principal Plac 1400 N.W. 10 MIAMI FL 331	7TH AVENUE		Mailing Address 1400 N.W. 107TH AVENUE MIAMI FL 33172-2746				00 APR 21 AM 3: 05	
2. Principal Place of Business 3. Mailing Address								
Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & Stat	е	=	City & State				4. FEI Number 65-0848540 Applied For Not Applicable	
Zip 	Country  6. Name and Address of Current R			Zip Count		ntry T	5. Certificate of Status Desired S8.75 Additional Fee Required  7. Name and Address of New Registered Agent	
	O. Name	and Address of Current	egistered .	Ayent		Name	r. reality and readings of field flogisticity vigori	
LEVY, JOEL 1400 N.W. 107TH AVENUE						Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33172-2704						City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its re						L ed office or regist	ered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title il applica	bie (NOTE	E: Registere	d Agent signature requi	red when reinstating) DATE	
9. Capital Contributions as Shown on record.  \$10,198,980.00  10. Amount of Capital in FLORIDA to dat					ate.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
•	Α (	GENERAL PARTNER T	HAT IS A I	BUSINESS EN	TITY M	IUST BE REGI:	STERED AND ACTIVE WITH THIS OFFICE.	
•	NOTE					; an amendme	ent must be filed to change a general partner.  ADDRESS CHANGES ONLY	
12.	L9800000	GENERAL PARTNER	INFORMAL	ION	13.		ADDRESS CHANGES OINLY	
DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP	KENNEDY-EDGEWATER FLEXSPACE LLC 1400 N.W. 107TH AVENUE MIAMI FL 33172-2704					-ST-ZIP		
DOCUMENT#		<u></u>			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP					CUTY	-ST-ZIP	0000032514309 -05/12/0001112012	
DOCUMENT# NAME		-	-		STR	EET ADORESS	****526.25 ****526.25	
STREET ADDRESS CITY - ST - ZIP		•			CITY	'-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		<u></u>			CITY	'-ST-ZIP		
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DOCUMENT # NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·				EET ADDRESS		
CITY-ST-ZIP	certify that th	e information supplied with	this filing de	oes not qualify for	r the ove	-ST-ZIP emption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated	on this repover or trustee	nt is true and accurate and empowered to execute this	that my sign report as r	equired by Chap	the sam ter 620,	e legal effect as r Florida Statutes	if made under oath; that I am a General Partner of the limited partnership or $3/2-6/600 \qquad (305)392-405-1$	
<u>.</u>		SIGNATURE AND TYPED OR INDIA K. Adler As	HINTED NAME Sistant Lar of Larger	e or signing general Secretary of Arm Adion Trus Sertner of	A P. 4.	The Lewiso G	Date Daytime Phone *  Managing Member of	