
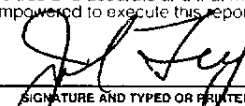


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A98000001792			
1. Entity Name MIRAMAR FLEXSPACE, LTD.			
Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704		Mailing Address 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. # etc		Suite, Apt. # etc	
City & State		City & State	
Zip	Country	Zip	Country
03292004		Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0852387		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 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record \$7,959,920.40		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 #	L98000001246	STREET ADDRESS	
NAME	MIRAMAR FLEXSPACE LLC	CITY- ST- ZIP	
STREET ADDRESS	1400 N.W. 107TH AVENUE		
CITY- ST- ZIP	MIAMI, FL 331722704		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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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.			
SIGNATURE: 		Joel Levy Executive Vice President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date 4/27/04 Daytime Phone # 305-392-4051	

STAPLE CHECK HERE