
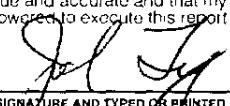


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A99000000491					
1. Entity Name FORT LAUDERDALE FLEXXSPACE, 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	4. FEI Number 65-0905496	
				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 \$2,835,000.00			10. Amount of Capital Contributions in FLORIDA to date -0-		
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 #	L99000001741		STREET ADDRESS		
NAME	FORT LAUDERDALE FLEXXSPACE LLC		CITY- ST- ZIP		
STREET ADDRESS	1400 N.W. 107TH AVENUE				
CITY- ST- ZIP	MIAMI, FL 331722704				
DOCUMENT #			STREET ADDRESS	U000000157242	
NAME			CITY- ST- ZIP	05/06/04-80013-003 141.25	
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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: 			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