


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

<b>DOCUMENT # A99000000492</b>	
<b>1. Entity Name</b> ATLANTA NORTH FLEXXSPACE, LTD.	

<b>Principal Place of Business</b> 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704	<b>Mailing Address</b> 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt #, etc	Suite, Apt # etc
City & State	City & State
Zip	Country



03292004 Chg-LP CR2E003 (10/03)

<b>4. FEI Number</b> 65-0905494	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704

<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

<b>9. Capital Contributions as Shown on record</b> \$4,540,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date</b>
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**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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b>	L99000001742	<b>STREET ADDRESS</b>	U000000157460
<b>NAME</b>	ATLANTA NORTH FLEXXSPACE LLC	<b>CITY-ST-ZIP</b>	05/06/04-80027-011 526.25
<b>STREET ADDRESS</b>	1400 N.W. 107TH AVENUE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MIAMI, FL 331722704	<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
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<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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**

<b>SIGNATURE:</b> 	<b>Joel Levy</b> <b>Executive Vice President</b>	<b>04/27/04</b>	<b>305-392-4051</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</b>		<b>Date</b>	<b>Daytime Phone #</b>

STAPLE CHECK HERE