

2001 UNIFORM BUSINESS REPORT (UBR)

0005680 AF

DOCUMENT # A99000001121

1. Entity Name
TAMPA TRI-COUNTY LOT 13 FLEXXSPACE, LTD.

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

4. FEI Number 65-0943000	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
ADLER, LINDA K
1400 NW 107TH AVENUE
MIAMI FL 33172-2704

7. Name and Address of New Registered Agent
Name: Levy, Joel
Street Address (P.O. Box Number is Not Acceptable): 1400 NW 107 Avenue
City: Miami FL Zip Code: 33172

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.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	L99000004170
NAME	TAMPA TRI-COUNTY LOT 13 FLEXXSPACE LLC
STREET ADDRESS	1400 NW 107TH AVENUE
CITY-ST-ZIP	MIAMI FL 33172-2704
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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: [Signature] **Joel Levy**
Executive Vice President * 04/15/01 (305) 392-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
01 APR 27 PM 3: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)