


2001 UNIFORM BUSINESS REPORT (UBR)

0005717 AF

DOCUMENT # A99000001623			
1. Entity Name ORLANDO NORTH PARK 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
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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$1,575,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	L99000006317	STREET ADDRESS	200004213692--7
NAME	ORLANDO NORTH PARK FLEXXSPACE, LLC	CITY-ST-ZIP	
STREET ADDRESS	1400 N.W. 107TH AVENUE	STREET ADDRESS	-05/11/01--01155--004
CITY-ST-ZIP	MIAMI FL 33172-2704	CITY-ST-ZIP	***526.25 ***526.25
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FILED
01 APR 27 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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* **Joel Levy**
Executive Vice President **Executive Vice President *** *04/15/01* **(305) 392-4050**
Signature and typed or printed name of signing general partner Date Daytime Phone #

CB2E003 (11/00)