


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

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

<b>DOCUMENT # A99000001623</b>					
<b>1. Entity Name</b> ORLANDO NORTH PARK 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		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3600768	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
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
<b>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.</b>					
SIGNATURE _____ DATE _____					
Signature (typed or printed name of registered agent and title if applicable)					
<b>9. Capital Contributions as Shown on record</b> \$1,575,000.00			<b>10. Amount of Capital Contributions in FLORIDA to date</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L99000006317 ORLANDO NORTH PARK FLEXXSPACE, LLC 1400 N.W. 107TH AVENUE MIAMI, FL 331722704		STREET ADDRESS CITY-ST-ZIP	U000000157819 05/05/04-80074-001 526.25	
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<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>					
<b>SIGNATURE:</b> _____			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

05 CP OF MGRM