
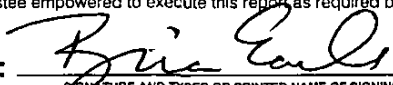


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

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 2 Manhattanville Road		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Purchase, NY		City & State		4. FEI Number 59-3600768	
Zip 10577		Country USA		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. \$1,575,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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	2 Manhattanville Road	
NAME	ORLANDO NORTH PARK FLEXXSPACE, LLC		CITY-ST-ZIP	Purchase, NY 10577	
STREET ADDRESS	1400 N.W. 107TH AVENUE				
CITY-ST-ZIP	MIAMI, FL 331722704				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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: 			Brian Earle, Authorized Signatory 4/15/05 (305) 392-4050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

FILED
 05 APR 29 PM 5:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02182005 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE