
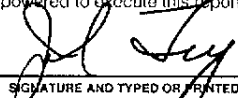


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

<b>DOCUMENT # A99000001624</b>			
1. Entity Name <b>ORLANDO NORTH LAKE 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		3. Mailing Address	
Suite Apt # etc		Suite Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3600765</b>		Applied For <input type="checkbox"/> Not Applicable	
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 <b>FL</b> 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 <b>\$1,270,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date	
<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>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	L99000006318 ORLANDO NORTH LAKE FLEXXSPACE LLC 1400 N.W. 107TH AVENUE MIAMI, FL 331722704	STREET ADDRESS CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	U000000157020 05-08-04-50014-002 526.25
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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 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