2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

	18 87-8	1	- 4	$^{\prime}$	$\wedge \wedge$	000	١4	760	-
1 M M ::	UMEN	VII ##		499	lRJ	і н п	3 1	7:7:	`
					-				

1. Entity Name ORLANDO SOUTHWEST FLEXXSPACE, LTD.



Mailing Address 1400 N.W. 107TH AVENUE

Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI FL 33172-2704 MIAMI FL 33172-2704 2 Principal Plane of Pusiness 3 Mailing Address

FILED

-03 APR 25 PH 4: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003	2. Principal Flace of Business		3. Maining Address					
Single S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003			
S. Certificate of Satistus Desired Series Propurated 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmilar with, and accept the obligations of registered agent. 9. Capital Committees 9. Capital Committees A GENERAL PARTINE RISE SENTITY MUST BE REGISTERED AND ACTIVETHS SER FRUERS SIDE FOR FEE IMPRIMATION A GENERAL PARTINE RISE PROPRIATION NOTE: General Partiners MAY NOT be changed on the form; an amendment must be litted to change a general partiner. 12. GENERAL PARTINE RISE PROPRIATION 9. Capital Committees NOTE: General Partiners MAY NOT be changed on the form; an amendment must be litted to change a general partiner. 12. GENERAL PARTINE RISE PROPRIATION 9. Capital Committees ORANDO SOUTHWEST FLEXISPACE LLC 10. N.W. 107TH AVENUE 10. ORANDO SOUTHWEST FLEXISPACE LLC 10. ORANDO SOUTHW	City & Stat	e	City & State		4. FEI Number 65-0955416			
LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI FL 33172-2704 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 9. Capital Contributions A GENERAL PARTHER 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 filled to change a general partner. 12. DOUMENT MAKE CHECKY PAYABLE TO FL. DET. OF STATE SER PAYINSS SIDE FOR FEE INFORMATION 13. ADDRESS CHANGES ONLY DOUMENT MAKE CHECKY PAYABLE TO FL. DET. OF STATE SER PAYABLES TO FLORE FOR FEE INFORMATION 13. ADDRESS CHANGES ONLY ONLY-ST-2P DOUMENT MAKE CHECKY PAYABLE TO FL. DET. OF STATE SER PAYABLES TO FL. DET. OF STATE SER PAYABLES TO FLORE FOR FEE INFORMATION 13. ADDRESS CHANGES ONLY STREET ADDRESS OTY-ST-2P DOUMENT MAKE CHECKY PAYABLE TO FL. DET. OF STATE SER PAYABLES TO FLORE FOR FEE INFORMATION STREET ADDRESS OTY-ST-2P DOUMENT MAKE CHECKY PAYABLE TO FL. DET. DET. DET. DET. DET. DET. DET. DET	Zip	Country	Zip	Country	5. Certificate of Status Desired			
LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMIF E. 33172-2704 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, so being and the registered agent. SIGNATURE 9. Capital Contributions \$1,408,000.00 10. ACRIVER PATABLE TO FL. DEVT. OF TATE SER ENVERSE SIDE FOR FEE INFORMATION A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAN NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAN NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAN NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOUBLET JONESS OFFI-ST-2P DOUBLET JONESS OFFI-ST-2P DOUBLET JONESS OFFI-ST-2P DOUBLET JONESS OFFI-ST-2P DOUBLET JONESS OTFI-ST-2P O		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	l Agent		
MIAMIF I 33172-2704 MIAMIF I 33172-2704 AUDIO 1 598-7194 G4/25/0301010027 ***526.25 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions \$1,408,000.00 10. Amount of Capital Contributions \$1,408,000.00 11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVENSE Size For Prec lineformation \$1,408,000.00 12. City State Allowess \$1,408,000.00 13. AUDIT SEE REGISTERED AND ACTIVE WITH THIS OFFICE. OCCUMENT OCCUMENT OCCUMENT ORANDO SOUTHWEST FLEXOSPACE LC 400 N.W. 107TH AVENUE OTHY-ST-ZIP DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT STREET ADDRESS CITY-ST-ZIP DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT STREET ADDRESS CITY-ST-ZIP	LEVY, JOE	I ,						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of negistered agent. SIGNATURE 9. Capital Contributions of Agents agent a	1400 N.W.	. 107TH AVENUE		Street Addres				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown or necod. A CEMERAL 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 140 N.W. 107TH AVENUE WIAMID & SOUTHWEST FLEXSPACE LLC 140 N.W. 107TH AVENUE WIAMID FL. 33.172-2704 STREET ADDRESS CITY-ST-2IP DECUMBRIT ANAL PARTNER INFORMATION DECUMBRIT ADDRESS CITY-ST-2IP DECUMBRIT ANAL PARTNER INFORMATION DECUMBRIT ADDRESS CITY-ST-2IP DECUMBRIT ANAL PARTNER INFORMATION DECUMBRIT ADDRESS CITY-ST-2IP DE	MIAMI FI	33172-2704		 " 				
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 9. Capital Contributions as Shown or record A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOUMENT / NAME URLANDO SOUTHWEST FLEXSPACE LLC 1400 N.W. 107TH AVENUE MIAMI FL 33172-2704 STREET ADDRESS CITY-ST-2IP DOUMBRT / NAME STREET ADDRESS CITY-ST-2IP DOUMBRT / NAME STREET ADDRESS CITY-ST-2IP DOUMBRT / ST-2IP DOUMBRT / NAME STREET ADDRESS CITY-ST-2IP					0472570301010027	**526.25 <u> </u>		
The obligations of registered agent. SIGNATURE		<u> </u>				<u> </u>		
Sequence power prevents remore of registeries appets and the Reprincipable 9. Capital Contributions as Shown on record A GENERA, 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 filled to change a general partner. 12. SERBRAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT I NAME STREET ADDRESS GIV-ST-2P DOCUMENT I NAME STREET			or the purpose of changing	its registered office or regis	tered agent, or both, in the State of Florida. I an	n familiar with, and accept		
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 filled to change a general partner. 12.	SIGNATURE -	Signature, typed or printed name of registered agent	and title if applicable.	<u> </u>	. DATE			
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12.						•		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP								
NAME STREET ADDRESS LITY-ST-ZIP MIAMI FL 33172-2704 STREET ADDRESS LITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	12.	GENERAL PARTNE	RINFORMATION	13.	ADDRESS CHANGES OF	VLY		
NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP	DOCUMENT #			CTOPET ADDRESS				
CITY-ST-ZIP MIAMI FL 33172-2704	NAME		PACE LLC	STREET ADDRESS				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			City_St_7ip				
NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	MIAMI FL 33172-2704	<u> </u>	0111-31 211				
NAME STREET ADDRESS CITY-ST-ZIP CITY	DOCUMENT #			CTAFFE ADDRESS				
CITY-ST-ZIP	NAME		1	STREET ADDRESS				
DOCUMENT # STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			CITY CT 7ID				
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			6117-51-21P		ı		
STREET ADDRESS CITY-ST-ZIP	DOCUMENT #		· · · · · · · · · · · · · · · · · · ·		·	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	NAME			STREET ADDRESS				
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS		•	CITY CT 3ID		. -		
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			011Y-51-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	DOCUMENT #							
CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP				STREET ADDRESS				
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-S1-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	DOCUMENT #				· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS CITY-ST-ZIP DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP				STREET ADDRESS				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	1							
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	DOCUMENT 4							
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				STREET ADDRESS				
CITY-ST-ZIP CITY-ST-ZIP								
			•	CITY-ST-ZIP				
		portific that the information countilled with	thin filling does not excelle	for the everytion state - in i	Section 110 07/2Vi) Florida Statutos Liberthan	artify 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:

STAPLE CHECK HEHE

CR2E003 (10/02)