

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001755

1. Entity Name  
ORLANDO SOUTHWEST FLEXXSPACE, LTD.



FILED

03 APR 25 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

DUE BY MAY 1, 2003

4. FEI Number 65-0955416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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)

400016987904  
04/25/03--01010--027 \*\*526.25

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$1,408,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # L99000007018  
NAME ORLANDO SOUTHWEST FLEXXSPACE LLC  
STREET ADDRESS 1400 N.W. 107TH AVENUE  
CITY-ST-ZIP MIAMI FL 33172-2704

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

Joel Levy, EU of GP 4/22/03 (305) 392-4050  
of MGRM of GP

Date

Daytime Phone #

CR2E003 (10/02)

0002485 AV

STAPLE CHECK HERE