

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002070
1. Entity Name
DORAL FLEXXSPACE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 21 AM 3:05

Principal Place of Business
Mailing Address

2. Principal Place of Business
1400 N.W. 107 Avenue
Suite, Apt. #, etc.
3. Mailing Address
1400 N.W. 107 Avenue
Suite, Apt. #, etc.
City & State
Miami FL
City & State
Miami FL

Handwritten signature

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0965369
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Levy, Joel
1400 N.W. 107 Avenue
Miami, FL 33172

7. Name and Address of New Registered Agent
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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record \$2,335,000

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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.

Table with 2 main columns: 12. GENERAL PARTNER INFORMATION and 13. ADDRESS CHANGES ONLY. Includes fields for document number, name, 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: [Handwritten Signature]
Linda K. Adler, Assistant Secretary of Adler Newco GP 2, Inc. Managing General Partner of
Date: 3/26/00 Daytime Phone #: (305) 392-4051

CR2E003 (9/99)