


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A99000002070

1. Entity Name
DORAL 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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc	Suite, Apt # etc
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City & State	City & State
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Zip	Country	Zip	Country
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03292004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0965369	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LEVY, JOEL
 1400 N.W. 107TH AVENUE
 MIAMI, FL 33172-2704**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record \$2,335,000.00	10. Amount of Capital Contributions in FLORIDA to date - 0 -
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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 # NAME STREET ADDRESS CITY-ST-ZIP	L99000008681 DORAL FLEXXSPACE LLC 1400 N.W. 107TH AVENUE MIAMI, FL 331722704	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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* **Joel Levy** Executive Vice President **4/27/04** **305-392-4051**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Mo/Yr Filing #