

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A99000002070**

1. Entity Name
DORAL FLEXSPACE, 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**

03 APR 25 AM 10:16
RECEIVED
FLORIDA
SOLICITORS
GENERAL
ATTORNEY
STATE
OF FLORIDA

04/2003
AV



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0965369**

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

DATE

9. Capital Contributions **\$2,335,000.00**

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 # **L99000008681**
NAME **DORAL FLEXSPACE LLC**
STREET ADDRESS **1400 N.W. 107TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33172-2704**

STREET ADDRESS

CITY-ST-ZIP

100017092071

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

04/25/03--01047--016 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joel Levy **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

of GP of

04/25/03

(305)392-4050

Daytime Phone #

CR2E03 (10/02)