

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 30 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000002184

1. Entity Name

PINELLAS FLEXXSPACE, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1400 NW 107 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1400 NW 107 AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0968333

Applied For

Not Applicable

Zip

33172

Country

MIAMI-DADE

Zip

33172

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LEVY, JOEL

Street Address (P.O. Box Number is Not Acceptable)

1400 NW 107 AVENUE

City

MIAMI

FL

Zip Code

33172

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 date if applicable.

DATE

9. Capital Contributions

as Shown on record. \$7,796,000.00

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	L99000009096	STREET ADDRESS	
NAME	PINELLAS FLEXXSPACE LLC	CITY-ST-ZIP	
STREET ADDRESS	1400 NW 107 AVENUE		
CITY-ST-ZIP	MIAMI, FL 33172		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date:

Daytime Phone:

Joel Levy, EVP of GP of MGRM 4/29/02 (305) 392-4050

003B (12/01)

STAPLE CHECK HERE