

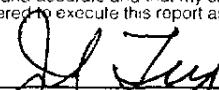


**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A99000002184						Secretary of State	
1. Entity Name PINELLAS FLEXXSPACE, LTD.							
Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI, FL 33172		Mailing Address 1400 N.W. 107TH AVENUE MIAMI, FL 33172					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc		Suite, Apt #, etc		04132004 Chg-LP CR2E003 (10/03)			
City & State		City & State		4. FEI Number 65-0968333		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		\$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				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 _____							
9. Capital Contributions as Shown on record \$7,796,000.00				10. Amount of Capital Contributions in FLORIDA to date			
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 #	L99000009096			STREET ADDRESS			
NAME	PINELLAS FLEXXSPACE, LLC			CITY- ST- ZIP			
STREET ADDRESS	1400 N.W. 107TH AVENUE						
CITY- ST- ZIP	MIAMI, FL 33172						
DOCUMENT #				STREET ADDRESS	05/06/04-80044-012 526.25		
NAME				CITY- ST- ZIP			
STREET ADDRESS							
CITY- ST- ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY- ST- ZIP			
STREET ADDRESS							
CITY- ST- ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY- ST- ZIP			
STREET ADDRESS							
CITY- ST- ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				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)(c), 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 Executive Vice President			
				4/27/04 305-392-4051			