
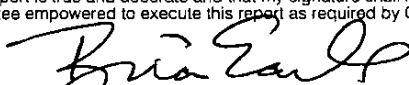


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
05 APR 29 PM 5:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000002184			
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 2 Manhattanville Road Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Purchase, NY		City & State	
Zip 10577	Country USA	Zip	Country
6. Name and Address of Current Registered Agent LEVY, JOEL 1400 N.W. 107TH 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
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 # NAME STREET ADDRESS CITY-ST-ZIP	L99000009096 PINELLAS FLEXXSPACE, LLC 1400 N.W. 107TH AVENUE MIAMI, FL 33172	STREET ADDRESS CITY-ST-ZIP	2 Manhattanville Road Purchase, NY 10577
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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: 		Brian Earle, Authorized Signatory 4/15/05 (305) 392-4060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE