


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0021204

DOCUMENT # L00000004443 1. Entity Name GREENSBORO FLEXXSPACE LLC	
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FILED
 13 APR 25 PM 4:41
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJH

Principal Place of Business 1400 NORTHWEST 107TH AVENUE MIAMI FL 33172-2704	Mailing Address 1400 NORTHWEST 107TH AVENUE MIAMI FL 33172-2704
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2. Principal Place of Business	3. Mailing Address	Suite, Apt. #, etc. City & State Zip Country Zip Country
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4/26 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1000301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LEVY, JOEL 1400 NORTHWEST 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	400016987254 04/25/03--01010--020 **50.00
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AP-ADLER INVESTMENT FUND 2, L.P. 1400 NORTHWEST 107TH AVENUE MIAMI FL 33172-2704	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Joel Levy, EV of GP 04/22/03 (305) 392-4050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)