


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90028 006 ****50.00

DOCUMENT # L01000020914

1. Entity Name
FLEXXSPACE MANAGEMENT, LLC



Principal Place of Business
**1400 N.W. 107TH AVENUE
 MIAMI, FL 33172 US**

Mailing Address
**1400 N.W. 107TH AVENUE
 MIAMI, FL 33172 US**

24065233



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03292004 Chg-LLC CR2E083 (10/03)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
65-1157184

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**LEVY, JOEL
 1400 N.W. 107TH AVENUE
 MIAMI, FL 33172**

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AP-ADLER INVESTMENT FUND 2, L.P. 1400 N.W. 107TH AVENUE MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ADLER, MICHAEL M 1400 N.W. 107TH AVENUE MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/C LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV HEISLER, DANIEL 1400 N.W. 107TH AVENUE MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T ARRIZURIETA, LUIS 1400 N.W. 107TH AVENUE MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADLER, LINDA K 1400 N.W. 107TH AVENUE MIAMI, FL 33172 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADLER, MICHAEL M. 1400 NW 107 AVE., 5TH FLOOR MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEIBERT, LEE 1301 AVENUE OF THE AMERICAS, 38TH FLOOR NEW YORK, NY 10019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **Joel Levy** **Executive Vice President** 4/27/04 305-392-4051
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #