

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0021145

DOCUMENT # L01000020914

1. Entity Name

FLEXSPACE MANAGEMENT, LLC



FILED

03 APR 24 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI FL 33172 US	Mailing Address 1400 N.W. 107TH AVENUE MIAMI FL 33172 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	65-1157184	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required	<input type="checkbox"/>

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003
900016965759
04/24/03--01070--003 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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	CEP 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/Coo	<input checked="" 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
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, EV 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)