

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069068

Entity Name: FLEXXSPACE CONDOS, LLC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

1400 NW 107 AVENUE  
MIAMI, FL 33172 US

## New Principal Place of Business:

## Current Mailing Address:

1400 NW 107 AVENUE  
MIAMI, FL 33172 US

## New Mailing Address:

FEI Number: 42-1674592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVY, JOEL  
1400 NW 107 AVENUE  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

ADLER, LINDA K  
1400 NW 107 AVENUE  
MIAMI, FL 33172 US

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.

SIGNATURE: LINDA K. ADLER

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ADLER, MICHAEL M  
Address: 1400 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172 US

Title: MGR ( ) Delete  
Name: ADLER, MATTHEW L  
Address: 1400 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172 US

Title: MGR (X) Delete  
Name: LEVY, JOEL  
Address: 1400 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA K. ADLER

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04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date