

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071107

FILED
Apr 29, 2008
Secretary of State

Entity Name: OAKES FLEXXSPACE 2 LLC

Current Principal Place of Business:

1400 N.W. 107 AVENUE
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1400 N.W. 107 AVENUE
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-3422923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADLER NEWCO GP 2, IN, C.
Address: 1400 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172

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

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

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

Title: EV () Delete
Name: HARRIS, BRETT W
Address: 1400 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: S () Delete
Name: ADLER, LINDA K
Address: 1400 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

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

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

Title: T (X) Change () Addition
Name: ADLER, MATTHEW L
Address: 1400 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

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

S

04/29/2008

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