2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 30, 2008
Secretary of State

DOCUMENT# L05000071107

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:

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 07/30/2008
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:	T	( ) Delete
Name:	ADLER, MATTHEW L	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 07/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date