

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071107

FILED  
Apr 16, 2010  
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:

1400 N.W. 107 AVENUE  
5TH FLOOR  
MIAMI, FL 33172

## Current Mailing Address:

1400 N.W. 107 AVENUE  
MIAMI, FL 33172

## New Mailing Address:

1400 N.W. 107 AVENUE  
5TH FLOOR  
MIAMI, FL 33172

FEI Number: 20-3422923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADLER, LINDA K  
1400 NW 107 AVENUE  
MIAMI, FL 33172 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  
Name: ADLER NEWCO GP 2, INC.  
Address: 1400 N.W. 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

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

Title: EVP  
Name: ADLER, MATTHEW L  
Address: 1400 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: VP/T  
Name: SMITHER, ROBERT  
Address: 1400 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: EVP  
Name: HARRIS, BRETT W  
Address: 1400 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

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

I hereby 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: MICHEAL M. ADLER

P

04/16/2010

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