

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071107

FILED
Apr 23, 2012
Secretary of State

Entity Name: OAKES FLEXXSPACE 2 LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1400 N.W. 107 AVENUE
5TH FLOOR
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:

SMITHER, ROBERT M
1400 NW 107TH AVE 5TH FLOOR
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: SMITHER, ROBERT M
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: ROBERT M. SMITHER

VPTS

04/23/2012

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