

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071154

FILED
Mar 11, 2011
Secretary of State

Entity Name: KISSIMMEE 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
MIAMI, FL 33172

New Mailing Address:

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

FEI Number: 20-3422819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADLER, LINDA K
C/O CFRA, LLC
4221 W. BOY SCOUT BLVD, SUITE 1000
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

SMITHER, ROBERT M
1400 NW 107TH AVENUE
5TH FL
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: ROBERT M. SMITHER

03/11/2011

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: 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

Title: VP/T
Name: SMITHER, ROBERT
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

VP/T

03/11/2011

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