

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 23 AM 8:21

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000001037**

KENNEDY-EDGEWATER FLEXSPACE LLC
1400 NORTHWEST 107TH AVENUE
MIAMI FL 33172-2704

1a. Principal Place of Business Address

1400 NORTHWEST 107TH AVENUE
MIAMI FL 33172

2. Principal Place of Business

1400 NW 107 Avenue
Suite, Apt. #, etc.

2a. Mailing Address

1400 NW 107 Avenue
Suite, Apt. #, etc.

3. Date Organized or Qualified

07/10/1998

3a. State of Formation

FL

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

Miami, Dade

Zip

33172

Country

Miami, Dade

4. FEI Number

65-0848539

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

LEVY, JOEL
1400 NORTHWEST 107TH AVENUE
MIAMI FL 33172

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

33172

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(DATE)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM AP-ADLER SPV, LTD.

1400 NORTHWEST 107TH AVENUE MIAMI FL

400002858104-5
04/30/99 - 01053-014
****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

[Signature]

4/10/99 (308) 392-4001