



**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 8:22

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b> <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000001920</b>  <b>TAMIAMI FLEXSPACE LLC</b> <b>1400 NORTHWEST 107TH AVENUE</b> <b>MIAMI FL 33172-2704</b>		1a. Principal Place of Business Address <b>1400 NORTHWEST 107TH AVENUE</b> <b>MIAMI FL 33172</b>	
2. Principal Place of Business <i>1400 NW 107 Avenue</i> Suite, Apt. #, etc.		3a. State of Formation <b>FL</b>	
2a. Mailing Address <i>1400 NW 107 Avenue</i> Suite, Apt. #, etc.		3. Date Organized or Qualified <b>09/21/1998</b>	
City & State <i>Miami, FL</i>		4. FEI Number <i>65-0864578</i>	
City & State <i>Miami, FL</i>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33172</i>	Country <i>Miami, Dade</i>	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent  <b>LEVY, JOEL</b> <b>1400 NORTHWEST 107TH AVENUE</b> <b>MIAMI FL 33172</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <i>700002856937</i> Suite, Apt. #, etc. <i>-04723/99--01094--016</i> <i>****188.75 ****188.75</i> City <b>FL</b>	
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 _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when filing on-line)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	AP-ADLER SPV, LTD.	1400 NORTHWEST 107TH AVENUE	MIAMI FL

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:**  *4/15/99 (305) 342-4051*