


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 23 AM 8:22	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001921 PALMETTO 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. City & State Miami, FL Zip 33172		2a. Mailing Address 1400 NW 107 Avenue Suite, Apt. #, etc. City & State Miami, FL Zip 33172		3. Date Organized or Qualified 09/21/1998 3a. State of Formation FL 4. FEI Number 65-0893802 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report Miami, Dade		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 <div style="text-align: right;">Zip Code</div> <div style="text-align: right;">FL</div>		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when new change)</small>			DATE _____		
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGRM AP-ADLER INVESTMENT FU		1400 NORTHWEST 107TH AVENUE		MIAMI FL	
				100002856481--1 -04/29/99--01034--022 ****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: _____ <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		_____ <small>Title</small>			