2004 LIMITED LIABILITY COMPANY

May 04, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L98000001921 05-04-2004 90028 007 ****50.00 PALMETTO FLEXSPACE LLC Mailing Address Principal Place of Business 1400 NW 107 AVENUE 1400 NW 107 AVENUE 24065238 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122004 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State 65-0893802 Not Applicable \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVY, JOEL Street Address (P.O. Box Number is Not Acceptable) 1490 NORTHWEST 107TH AVENUE MIAMI, FL 33172-2704 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2004 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE TITLE Change ☐ Addition ☐ Delete AP-ADLER INVESTMENT FUND 2, L.P. NAME STREET ADDRESS 1400 NORTHWEST 107TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331722704 CITY-ST-ZIP Delete TITLE TITLE M3R Change X Addition NAME NAME ALLER, MICHAEL M. STREET ADDRESS STREET ADDRESS 1400 NW 107 AVE. CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33172 ☐ Delete TITLE TITLE ☐ Change Addition MER NAME NAME NETBART, LEE STREET ADDRESS STREET ADDRESS 1301 AVENUE OF THE AMERICAS, 38TH FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10019 TITLE ☐ Delete TITLE ☐ Change X Addition MGR NAME NAME FERRUCCI, MARK A. STREET ADDRESS STREET ADDRESS 212 MANGUM DRIVE CITY-ST-78P CITY-ST-ZIP BEAR, DE 19701 TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/JY-ST-ZIP CITY-ST-7IP 11. Thereby 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 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. Joel Levy

FILED

of MGRM

4/27/04

<u>305-392-4051</u>

Executive Vice President

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: