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 FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 23 AM 8: 22 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** L98000002445 1a. Principal Place of Business Address POMPANO FLEXSPACE LLC 1400 NORTHWEST 107TH AVENUE 1400 NORTHWEST 107TH AVENUE MIAMI FL 33172-2704 MIAMI FL 33172 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 1400 NW 107 1450 NW 167 10/28/1998 FL Applied For City & State City & State 65-0872830 Not Applicable Minute 5. Date of Last Report 6. Certificate of Status Desired Country Country Zipi \$8.75 Additional Fee Required 33172 33172 Micmi-Dide Minni Dade 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name LEVY, JOEL 1400 NORTHWEST 107TH AVENUE Street Address (P.O. Box Number is Not Acceptable) <u> 000002856950---</u> MIAMI FL 33172 -04/29/99--01094--018 \*\*\*\*188.75 \*\*\*\*188.75 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE (Brigslens) Agent Accepting Appendicula). (NOTE Registro d'Asperts gration in a confedente in tating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM AP-ADLER INVESTMENT FU 1400 NORTHWEST 107TH AVENU MIAMI FL 11 Ido 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 of manager of the limited liability company or the receiver or trustee empowered to execute this report is required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: о в егодине и видии, им виму строи е во виденције мог

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