

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90092 008 ****50.00


DOCUMENT # L99000000369	
1. Entity Name TAMPA TRI-COUNTY FLEXXSPACE LLC	

Principal Place of Business 1400 NORTHWEST 107TH AVENUE MIAMI, FL 33172-2704	Mailing Address 1400 NORTHWEST 107TH AVENUE MIAMI, FL 33172-2704
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2. Principal Place of Business 2 Manhattanville Road	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Purchase, NY	City & State
Zip 10577	Country USA

40072930



02222005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0889580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LEVY, JOEL 1400 NORTHWEST 107TH AVENUE MIAMI, FL 33172-2704	

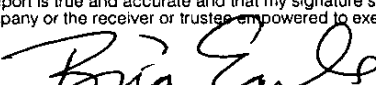
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AP-ADLER SPV MEMBER I, INC 1400 NW 107 AVENUE MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 Manhattanville Road Purchase, NY 10577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADLER, MICHAEL M 1400 NW 107 AVENUE MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEIHART, LEE 1301 AVENUE OF THE AMERICAL 38TH FLOOR NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 60 Columbus Circle, 20th Floor New York, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRUCCI, MARK A 212 MANGUM DRIVE BEAR, DE 19701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

SIGNATURE:  **Brian Earle, Authorized Signatory 4/15/05 (305) 392-4050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #