

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000369

FILED
Apr 29, 2006
Secretary of State

Entity Name: TAMPA TRI-COUNTY FLEXXSPACE LLC

Current Principal Place of Business:

2 MANHATTANVILLE ROAD
PURCHASE, NY 10577

New Principal Place of Business:

Current Mailing Address:

1400 NORTHWEST 107TH AVENUE
MIAMI, FL 331722704

New Mailing Address:

FEI Number: 65-0889580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, JOEL
1400 NORTHWEST 107TH AVENUE
MIAMI, FL 331722704 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AP-ADLER SPV MEMBER, I, INC
Address: 2 MANHATTANVILLE ROAD
City-St-Zip: PURCHASE, NY 10577

Title: MGR () Delete
Name: NEIHART, LEE
Address: 60 COLUMBUS CIRCLE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10023

Title: MGR () Delete
Name: FERRUCCI, MARK A
Address: 212 MANGUM DRIVE
City-St-Zip: BEAR, DE 19701

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA K. ADLER

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04/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date