

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0021217

DOCUMENT # L99000000369

1. Entity Name

TAMPA TRI-COUNTY FLEXXSPACE LLC



FILED

03 APR 24 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1400 NORTHWEST 107TH AVENUE  
MIAMI FL 33172-2704

Mailing Address

1400 NORTHWEST 107TH AVENUE  
MIAMI FL 33172-2704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0889580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME AP-ADLER SPV MEMBER I, INC  
STREET ADDRESS 1400 NW 107 AVENUE  
CITY-ST-ZIP MIAMI FL 33172

TITLE MGR ☐ Delete  
NAME ADLER, MICHAEL M  
STREET ADDRESS 1400 NW 107 AVENUE  
CITY-ST-ZIP MIAMI FL 33172

TITLE MGR ☐ Delete  
NAME SCULLY, WILLIAM A  
STREET ADDRESS 1301 AVENUE OF THE AMERICAL 38TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10019

TITLE MGR ☐ Delete  
NAME FERRUCCI, MARK A  
STREET ADDRESS 1209 ORANGE STREET  
CITY-ST-ZIP WILMINGTON DE 19801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600016964206  
CITY-ST-ZIP 04/24/03--01066--012 \*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 212 Mangum Drive  
CITY-ST-ZIP Bear, DE 19701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Signature*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Joel Levy, EV of MGRM 04/22/03 (305)392-4050

CR2E083 (10/02)