

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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AF

**DOCUMENT # L99000001275**

1. Entity Name  
**TAMPA EAST FLEXXSPACE LLC**

00 APR 21 AM 8:18  
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 33172-2746**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0900323**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM AP-ADLER SPV, LTD. 1400 NORTHWEST 107TH AVENUE MIAMI FL 33172-2704</b> <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
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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: \_\_\_\_\_** **SIGNATURE REQUIRED** **3/26/00 (305) 392-4051**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
**Linda K. Adler, Assistant Secretary of Adler, Newice GP, Inc., Managing General Partner of AP Adler Investment Fund L.P. as Managing Member of AP Adler GP LLC, as General Partner of AP Adler SPV, Ltd.**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E083 (9/99)