

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001742

1. Entity Name
ATLANTA NORTH FLEXXSPACE LLC



Principal Place of Business
**1400 NORTHWEST 107TH AVENUE
MIAMI, FL 33172-2704**

Mailing Address
**1400 NORTHWEST 107TH AVENUE
MIAMI, FL 33172-2704**



03292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0905492

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
AP-ADLER INVESTMENT FUND 2 L.P.
1400 NORTHWEST 107TH AVENUE
MIAMI, FL 331722704**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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L990000139397
04/29/04-R0119-017 50.00

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IN THIS SPACE**

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: **Joel Levy
Executive Vice President**

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

4/27/04 305-392-4051

Date Daytime Phone #