2004 LIMITED LIABILITY COMPANY

FILED Apr 29, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L99000003473 ORLANDO SUNPORT FLEXXSPACE LLC Principal Place of Business Mailing Address 1400 NORTHWEST 107TH AVENUE 1400 NORTHWEST 107TH AVENUE MIAMI, FL 33172-2704 MIAMI, FL 33172-2704 04122004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0942989 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVY, JOEL DO NOT WRITE 1400 NORTHWEST 107TH AVENUE MIAMI, FL 33172-2704 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) U00000138646 04/29/04-80088-015 50.00 Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS MGRM TITLE AP-ADLER INVESTMENT FUND 2, L.P. NAME STREET ADDRESS 1400 NORTHWEST 107TH AVENUE CITY-ST-ZIP MIAMI, FL 331722704 THLE NAME STREET ADDRESS CITY-ST-ZIP NALSF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS City-St-7i2

Joel Levy **Executive Vice President**

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE