

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004170

1. Entity Name

TAMPA TRI-COUNTY LOT 13 FLEXXSPACE LLC

Principal Place of Business

1400 NW 107TH AVENUE
MIAMI FL 33172-2704

Mailing Address

1400 NW 107TH AVENUE
MIAMI FL 33172-2746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ADLER, LINDA K
1400 NW 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

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 Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM
STREET ADDRESS AP-ADLER INVESTMENT FUND, L.P.
CITY-ST-ZIP 1400 NW 107TH AVENUE
MIAMI FL 33172-2704

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Linda K. Adler, Assistant Secretary of Adler Newco GP, Inc., Managing General Partner

Date

Daytime Phone #

3/26/00 (305) 392-4051

APPROVED
AND
FILED

00 APR 21 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0942995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

CR2E083 (9/99)