

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0021219

DOCUMENT # L99000004428

1. Entity Name

ORLANDO EASTPOINT FLEXXSPACE LLC**FILED****03 APR 24 AM 9:10****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

**1400 NW 107TH AVENUE
MIAMI FL 33172-2704**

Mailing Address

**1400 NW 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 **65-0936056**

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 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. 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

700016965697
04/24/03--01070--001 **50.00

9. MANAGING MEMBERS/MANAGERS**10. ADDITIONS/CHANGES**

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
MGRM AP-ADLER INVESTMENT FUND 2,L.P. 1400 NW 107TH AVENUE MIAMI FL 33172-2704			
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Joel Levy***Joel Levy, DL**
OF SP OF MGRM**04/22/03**
Date**(305) 392-4050**
Daytime Phone #

CR2E083 (10/02)