

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L99000006317**

1. Entity Name  
**ORLANDO NORTH PARK FLEXXSPACE LLC**



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

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



04122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3600764**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

U000000138651  
04/29/04-80088-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

|                |                                  |
|----------------|----------------------------------|
| TITLE          | MGRM                             |
| NAME           | AP-ADLER INVESTMENT FUND 2, L.P. |
| STREET ADDRESS | 1400N W. 107TH AVENUE            |
| CITY- ST- ZIP  | MIAMI, FL 331272704              |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY- ST- ZIP  |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY- ST- ZIP  |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY- ST- ZIP  |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY- ST- ZIP  |                                  |

**DO NOT WRITE  
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**

**4/27/04**

**305-392-4051**

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

Date

Daytime Phone #

*of GP of MGRM*