

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010858 AF

**DOCUMENT # L99000006318**

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

FILED

01 APR 27 AM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 59-3600763

Applied For  
Not Applicable

Zip Country

Zip Country

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

LEVY, JOEL  
1400 NORTHWEST 107TH AVENUE  
MIAMI FL 33172-2704

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**

900004212619--4  
-05/11/01--01116--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:** *Joel Levy*  
SIGNATURE REQUIRED **Joel Levy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/15/01

(305) 392-4050

CR2E083 (11/00)