
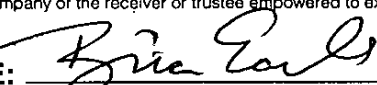


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90092 007 \*\*\*\*50.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # L99000006318</b><br>1. Entity Name<br><b>ORLANDO NORTH LAKE FLEXXSPACE LLC</b>  |   |  |  |                |  |
| Principal Place of Business<br><b>1400 NORTHWEST 107TH AVENUE<br/>MIAMI, FL 33172-2704</b>  |   |  | Mailing Address<br><b>1400 NORTHWEST 107TH AVENUE<br/>MIAMI, FL 33172-2704</b> |   |  |
| 2. Principal Place of Business<br><b>2 Manhattanville Road</b>  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                                    |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |  |
| City & State<br><b>Purchase, NY</b>   |   | City & State   |  | 4. FEI Number<br><b>59-3600763</b>  |  |
| Zip<br><b>10577</b>   |   | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |
| Zip   |   | Country  |  | 6. Name and Address of Current Registered Agent   |  |
| City & State  |   | City & State   |  | 7. Name and Address of New Registered Agent   |  |
| Name  |   | Name   |  |   |  |
| Street Address (P.O. Box Number is Not Acceptable)  |   | Street Address (P.O. Box Number is Not Acceptable)                           |  |   |  |
| City  |   | City   |  |   |  |
| State   |   | State  |  |   |  |
| Zip Code  |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   |  | <b>Make check payable to<br/>Florida Department of State</b>                   |   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |   |  | <b>10. ADDITIONS / CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>AP-ADLER INVESTMENT FUND 2, L.P.<br>1400 N.W. 107TH AVENUE<br>MIAMI, FL 331722704 | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |  |
| 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. |   |  |  |   |  |
| <b>SIGNATURE:</b>    |   | <b>Brian Earle, Authorized Signatory 4/15/05 (305) 392-4050</b>              |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | Date   |  | Daytime Phone #   |  |