
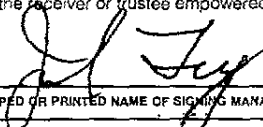


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L99000007018 1. Entity Name ORLANDO SOUTHWEST FLEXXSPACE LLC		
Principal Place of Business 1400 NORTHWEST 107TH AVENUE MIAMI, FL 33172-2704	Mailing Address 1400 NORTHWEST 107TH AVENUE MIAMI, FL 33172-2704	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AP-ADLER INVESTMENT FUND 2, L.P. 1400 NORTHWEST 107TH AVENUE MIAMI, FL 331722704	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  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 #



04122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0955415	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

U000000138649
04/29/04-80088-017 50.00

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