

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90092 002 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L99000007018</b>                            |  |
| 1. Entity Name<br><b>ORLANDO SOUTHWEST 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  |         |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc. |         |
| City & State<br><b>Purchase, NY</b>                            |                       | City & State        |         |
| Zip<br><b>10577</b>  | Country<br><b>USA</b> | Zip                 | Country |



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|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>65-0955415</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$5.00</b> Additional Fee Required                  |

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent<br><b>LEVY, JOEL<br/>1400 NORTHWEST 107TH AVENUE<br/>MIAMI, FL 33172-2704</b> |  | 7. Name and Address of New Registered Agent        |          |
|   |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | <b>FL</b>  | Zip Code |

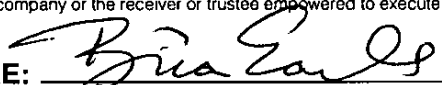
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>AP-ADLER INVESTMENT FUND 2, L.P.<br/>1400 NORTHWEST 107TH AVENUE<br/>MIAMI, FL 331722704</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>2 Manhattanville Road<br/>Purchase, NY 10577</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | 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 | <input type="checkbox"/> Delete  | 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 | <input type="checkbox"/> Delete  | 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 | <input type="checkbox"/> Delete  | 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 | <input type="checkbox"/> Delete  | 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.

**SIGNATURE:**  **Brian Earle, Authorized Signatory** 4/15/05 (305) 392- 4050

SIGNATURE AND DATE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #