2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000008433

1. Entity Name

ATLANTA NORTHLAKE FLEXXSPACE LLC



Principal Place of Business

1400 NORTHWEST 107TH AVENUE MIAMI, FL 33172-2704

Mailing Address

1400 NORTHWEST 107TH AVENUE MIAMI, FL 33172-2704

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



03292004 No Chg-LLC

CR2E083 (10/03)

Daytime Phone #

4.	FEI Number		Applied For
	65-0965365	_	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

SIGNATURE:

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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: hypercipi printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
Filing Fee is \$50.00 Due by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS			
TULE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AP-ADLER INVESTMENT FUND 2, L.P. 1400 NORTHWEST 107TH AVENUE MIAMI, FL 331722704		Haanaa taaaaa	
TITLE NAME SIRRET ADDRESS CRY-ST-ZIP			₩9999139398 94/29/94-80119-018 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				
NITLE NAME STREET ADDRESS CIEY-SY-ZIP				
Indicated	certify that the information supplied with this filing does not q on this report is true and accurate and that my signature shiphility company or the receiver or trustee empowered to exec	all have the same legal effect as if made under oat	n, that I am a managing member or manager of the	

Joel Levy

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

Executive Vice President