

2001 UNIFORM BUSINESS REPORT (UBR)

UJ10857 AF

DOCUMENT # L99000008681

1. Entity Name
DORAL 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
01 APR 27 PM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0965370

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM AP-ADLER INVESTMENT FUNDS ☒ Delete
STREET ADDRESS 1400 N.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL 33172

TITLE NAME MGRM AP-ADLER INVESTMENT FUND 2, L.P. ☒ Change ☐ Addition
STREET ADDRESS 1400 N.W. 107th Avenue
CITY-ST-ZIP Miami, Florida 33172

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME 300004212803 ☐ Change ☐ Addition
STREET ADDRESS -05/11/01--01124--016
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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* **Joel Levy**
Executive Vice President

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

04/15/01

(305) 392-4050

Date Daytime Phone #

CR2E083 (11/00)