APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) L99000008896 DOCUMENT # 1. Entity Name 00 APR 21 AMII: 03 FORSYTH ORLANDO FLEXXSPACE LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 1400 NW <u>1400 NW</u> 107 Avenue Avenuc WNW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0968328 Miam. Not Applicable Miami Country Country Zip Zip \$5.00 Additional 5. Certificate of Status Desired 33172 Fee Required Miami Dade Miami - Dade 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Levy, Joel Street Address (P.O. Box Number is Not Acceptable) 1400 N.W. 107 Avenue Miami, FL City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. TITLE Delete TITLE MERM Change ▼ Addition AP-Adler Investment Fundz, L.P. NAME STREET ADDRESS STREET ADDRESS 1400 NW 107 AVENUE CITY-ST-ZIP CITY-ST-ZIP Miami FL 33172 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 100003245691---05/09/00--01125--018 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP" CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER