## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

1. Entity Name

PINELLAS 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

CR2E083 (10/03) 04132004 No Chg-LLC

Applied For Not Applicable

65-0968332 5. Certificate of Status Desired

4. FEI Number

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, JOEL 1400 NORTHWEST 107TH AVENUE MIAMI, FL 33172-2704

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of c the obligations of registered agent.</li> </ol>	hanging its registere		h, in the State of Florida.	am familiar with, and accept
SIGNATURESignature, typed or printed name of registered again, and title if applicable.	ANOTE Projection	d Agent signature required when reinstating)	• ;	AYE
Filling Fee is \$50.00	tucit deligna	a wilder ut a sub-granne i sachren an weiter (an arternation)	U000001386	<u> </u>

## Due by May 1, 200

04/29/04-80088-016 50.00

9.	MANAGING MEMBERS/MANAGERS	
HTLE NAME STREET ADDRESS GHY-ST-ZIP HTLE NAME	MGRM AP-ADLER INVESTMENT FUND 2, L.P. 1400 NORTHWEST 107TH AVENUE MIAMI, FL 331722704	Mari
STREET ADDRESS City-St-Zip		. <b>6</b> 2.7 ° v.cc
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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11. I hereby certify that the information supplied with this filling 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

Executive Vice President

R PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE