
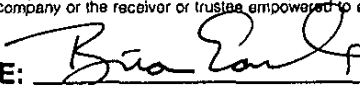


FILED
Apr 30, 2007 08:00 AM
Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000009096		
1. Entity Name PINELLAS FLEXXSPACE LLC		
Principal Place of Business 2 MANHATTANVILLE RD 10577, FL 33172-2704		Mailing Address 1400 NORTHWEST 107TH AVENUE MIAMI, FL 33172-2704
DO NOT WRITE IN THIS SPACE		
		04242007 No Chg-LLC CR2E083 (11/05)
4. FEI Number 65-0968332		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM AP-ADLER INVESTMENT FUND 2, L.P. 2 MANHATTANVILLE RD PURCHASE, NY 10577	DO NOT WRITE IN THIS SPACE U000000742928 05/15/07-80090-002 50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		