


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

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

DOCUMENT # A97000002748					
1. Entity Name ADCO ACQUISITION PARTNER, LTD.					
Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704			Mailing Address 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt # etc			
City & State		City & State		03292004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0818932	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEVY, JOEL 1400 N.W. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$20,640,000.00		10. Amount of Capital Contributions in FLORIDA to date			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000105810 ADLER ACQUISITION AP-GP, INC. 1400 N.W. 107TH AVENUE MIAMI, FL 331722704		STREET ADDRESS		
			CITY - ST - ZIP		
			STREET ADDRESS	000000157837	
			CITY - ST - ZIP	05/06/04-80044-019 526.25	
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			CITY - ST - ZIP		
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <u>Joel Levy</u>		Joel Levy Executive Vice President		4/27/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small> 305-392-4050	



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