


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

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

DOCUMENT # A97000002790

1. Entity Name
ADCO, LTD.




Principal Place of Business Mailing Address
1400 N.W. 107TH AVENUE **1400 N.W. 107TH AVENUE**
MIAMI, FL 33172-2704 **MIAMI, FL 33172-2704**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite, Apt # etc

City & State City & State

Zip Country Zip Country



03292004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-0818530 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEVY, JOEL
1400 N.W. 107TH AVENUE
MIAMI, FL 33172-2704

7. Name and Address of New Registered Agent

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 _____
(Signature of the principal or partner named as registered agent, and date if applicable)

9. Capital Contributions as Shown on record **\$4,348,384.00**

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

DOCUMENT #	P97000105819
NAME	ADLER ADCO GP, INC.
STREET ADDRESS	1400 N.W. 107TH AVENUE
CITY-ST-ZIP	MIAMI, FL 331722704
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000000157839
CITY-ST-ZIP	05/06/04-80044-021 526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  **Joel Levy**
Executive Vice President 4/27/04 305-392-4051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE