


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002790

1. Entity Name
ADCO, 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: Suite, Apt #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt #, etc., City & State, Zip, Country



02172005 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-0818530
Applied For: 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, typed or printed name of registered agent and firm 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	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	

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STAPLE CHECK HERE

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 Joel Levy, RVP of GP Date: 4/15/05 Daytime Phone #: (305)392-4050