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2002	UNIFORM	BUSINESS	REPORT	(UBR
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DOCUMENT #

1. Entity Name

A9900000088

ADRIAN INDUSTRIAL PROPERTIES, LTD.	:		02 APR 29 PM	3: 58			
Principal Place of Business % A&P REGISTERED AGENT. INC. 2450 SW 137TH AVE SUITE 220	Mailing Address * A&P REGISTERED AGE		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
MIAMI FL 33175 L. Principal Place of Business	2450 SW 137TH AVE St MIAMI FL 33175	Fuith					
Suite Apt. #, etc-	Suite, Apt. thetc.	≫ (DUE BY MAY 1, 2002				
City & State	City & State		4. FEI Number 65-0888073	Applied For Not Applicable			
Zip Country	Zip	Country		\$8.75 Additional			
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered A				
A&P REGISTERED AGENT, INC.	_	Name					
2450 SW 137TH AVE., SUITE-226	₩ '	(P.O. Box Number is Not Acceptable)					
MIAMI FL 33175		Sui	Suite 201				
	Ω	City	FL	Zip Code			
8. The above named entity submits the statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.				
SIGNATURE							
Signature, typed or priored name of registered agent at		al Contributions	11 MAKE CHECK DAVADIE	TO BEDT OF STATE			
as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION							
A GENERAL PARTNER TI NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on th	TITY MUST BE REGIS 19 form; an amendme	TERED AND ACTIVE WITH THIS OFFICE on the must be filed to change a general part	ner.			
12. GENERAL PARTNER	INFORMATION	13.	ADDRESS CHANGES ONL	<u>Y</u>			
DOCUMENT # P99000004235 NAME ADRIAN INDUSTRIAL PROPERTIE	S. INC.	STREET ADDRESS					
STREET ADDRESS 2460 SW 137TH AVE., SUITE-226 CITY-ST-ZIP MIAMI FL 33175	7221	CITY-ST-ZIP					
DOCUMENT # NAME	- :	STREET ADDRESS	500005481 -05/07/0201	[769 8			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	****525.25	****526.25			
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE:							