


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

DOCUMENT # A03000000166		
1. Entity Name ADAMS MANAGEMENT USA, LTD.		

FILED

2004 DEC 20 PM 2:58

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business 2701 PONCE DE LEON BLVD. SUITE 302 CORAL GABLES, FL 33134 US	Mailing Address 2701 PONCE DE LEON BLVD. SUITE 302 CORAL GABLES, FL 33134 US
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2. Principal Place of Business 540 Biltmore Way Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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01132004 Chg-LP CR2E003 (10/03)

City & State Coral Gables, FL Zip 33134	Country	City & State	Country
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4. FEI Number 81-0594759	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ADAMS, JOHN C 2701 PONCE DE LEON BLVD. SUITE 302 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$9,000,000.00
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**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	P03000012440 ADAMS MANAGEMENT USA, INC. 2701 PONCE DE LEON BLVD., SUITE 302 CORAL GABLES, FL 33134	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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		CITY - ST - ZIP	

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12/21/04--01059--015 \*\*526.25

**REINSTATEMENT 2004**

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: 	JOHN C. ADAMS	3/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #

STAPLE CHECK HERE