

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
2005 JUL -7 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000072

1. Entity Name  
ADRIANBUILDERS AT CORAL WEST PLAZA, LTD.



Principal Place of Business  
2460 SW 137TH AVE., SUITE 238  
MIAMI, FL 33175

Mailing Address  
% A&A REGISTERED AGENT, INC.  
2450 SW 137TH AVE., SUITE 226  
MIAMI, FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262005

Chg-LP

CR2E003 (10/03)

4. FEI Number

04-3593478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A&A REGISTERED AGENT, INC.  
2450 SW 137TH AVE., SUITE 226  
MIAMI, FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

4551 Ponce de Leon Blvd.

City

Coral Gables

FL

Zip Code

33146

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

*Gretel Rodriguez, President*

4/1/05

DATE

9. Capital Contributions  
as Shown on record.

\$9,000.00

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 # P02000006012  
NAME ADRIANBUILDERS OFFICE PARK II, INC.  
STREET ADDRESS 2460 SW 137TH AVE., SUITE 238  
CITY-ST-ZIP MIAMI, FL 33175

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Alvaro L. Adrian* 4/20/05 (805) 221-2110

Date

Daytime Phone #

STAPLE CHECK HERE