2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A0400000939 1. Entity Name ADRIAN BUILDERS, LTD. 08 MAY 15 PM 3: 01 Principal Place of Business Mailing Address % A&A-REGISTERED AGENT, INC. 4155 SW 130 AVENUE SUITE 201 4551 PONCE DE LEON BLVD. MIAMI, FL 33175 CORAL GABLES, FL 33146 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4155 SW 130 AVE Suite, Apt. #, etc. Suite 201 Suite, Apt. #, etc. 03312008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For MIAMI 20-1228306 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33175 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A&A REGISTERED AGENT, INC. Street Address (P.O. Box Number is Not Acceptable) 4551 PONCE DE LEON BLVD. CORAL GABLES, FL- 99146 ounset Zip Code 33/73 City 8. The above named entity changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept ats this state for the purpose of the obligations o 125 SIGNATURE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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 ADDRESS CHANGES ONLY DOCUMENT # P04000090110 STREET ADDRESS NAME ADRIAN BUILDERS, INC. STREET ADDRESS 4155 SW 130 AVENUE SUITE 201 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33175 DOCUMENT # STREET ADDRESS 200129602642 NAME 05/15/08--01031--011 **500.701 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 this report is required by Chapter 620, Florida Statutes 14. I hereby certify that the information supplied indicated on this report is true and accurate or the receiver or trustee empowered to execu-SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

Daytme Phone #