

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

FILED

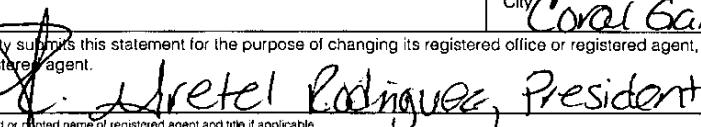
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000270		
1. Entity Name ADRIANBUILDERS AT CORAL WAY, 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 221 MIAMI, FL 33175
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2. Principal Place of Business	3. Mailing Address 4551 Ponce de Leon Blvd.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State Coral Gables, FL		
Zip	Zip 33146		
Country	Country USA		
4. FEI Number 65-0982836		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For Not Applicable

6. Name and Address of Current Registered Agent A&A REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 226 MIAMI, FL 33175		7. Name and Address of New Registered Agent 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 		DATE	
Signature, typed or printed name of registered agent and title if applicable			
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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000015036 AdrionBuilders at Coral Way, Inc. ABC AT CORAL WAY, INC. 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	STREET ADDRESS
		CITY-ST-ZIP
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		CITY-ST-ZIP

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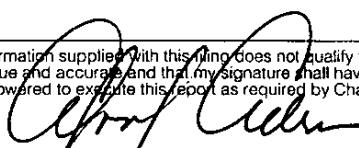
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

 Alvaro L. Adrion 42908 (352)21-2110