

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

FILED

2005 JUL -7 PM 2: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A00000000270</b> 1. Entity Name <b>ADRIANBUILDERS AT CORAL WAY, LTD.</b>					
Principal Place of Business <b>2460 SW 137TH AVE., SUITE 238          MIAMI, FL 33175</b>			Mailing Address <b>% A&amp;A REGISTERED AGENT, INC.  <del>2460 SW 137TH AVE., SUITE 226</del>          MIAMI, FL 33175</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4551 Ponce de Leon Blvd.</b>			
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>			
Zip <b>33146</b>		Country <b>USA</b>			
4. FEI Number <b>65-0982836</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04262005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent <b>A&amp;A REGISTERED AGENT, INC.  <del>2460 SW 137TH AVE., SUITE 226</del>          MIAMI, FL 33175</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4551 Ponce de Leon Blvd.</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33146</b>		
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 <u><i>[Signature]</i></u> <b>Hretel Rodriguez, President</b> DATE _____					
9. Capital Contributions as Shown on record. <b>\$9,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P00000015036 <b>AdrianBuilders at Coral Way, Inc.</b>		STREET ADDRESS		
NAME	<b>ABC AT CORAL WAY, INC.</b>		CITY-ST-ZIP		
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
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CITY-ST-ZIP			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: <u><i>[Signature]</i></u> <b>Alvaro L. Adrian</b>			Date <u>4/29/05</u> (35) 021-2110		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE