

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 30 AM 11:15


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03212007 Chg-LP CR2E003 (12/06)

4. FEI Number **65-0982836** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

<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. 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146</b>	
2. Principal Place of Business - No P.O. Box # <b>4155 SW 130 Ave</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>201</b>		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State	
Zip <b>33175</b>	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>A&amp;A REGISTERED AGENT, INC. 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000015036	STREET ADDRESS	<b>4155 SW 130 Ave, Suite 201</b>
NAME	ABC AT CORAL WAY, INC.	CITY-ST-ZIP	<b>Miami, FL 33175</b>
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # \_\_\_\_\_

STAPLE CHECK HERE