


2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 15 PM 3:01

DOCUMENT # A00000000270	
1. Entity Name ADRIANBUILDERS AT CORAL WAY, LTD.	

Principal Place of Business 4155 SW 130 AVENUE SUITE 201 MIAMI, FL 33175	Mailing Address % A&A REGISTERED AGENT, INC. 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146
---	---

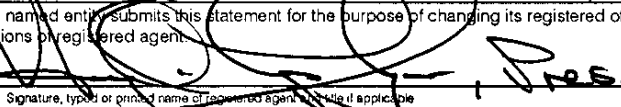
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4155 SW 130 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 201

City & State	City & State MIAMI, FL
Zip	Zip 33175
Country	Country USA



04012008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent A&A REGISTERED AGENT, INC. 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Henry A. Lopez-Aguilar, P.A. Street Address (P.O. Box Number is Not Acceptable) 9415 Sunset DR., #119 City MIAMI FL Zip Code 33173	
---	--	--	--

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  Signature, typed or printed name of registered agent, if applicable	DATE 4/7/08

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000015036	STREET ADDRESS	
NAME	ABG AT CORAL WAY, INC. *	CITY-ST-ZIP	
STREET ADDRESS	4155 SW 130 AVENUE SUITE 201		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT # *	Name changed to:	STREET ADDRESS	500129602615
NAME	Adrianbuilders at Coral Way,	CITY-ST-ZIP	05/15/08--01031--010 **500.00
STREET ADDRESS	INC.		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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

4/18/08

Date

Daytime Phone #

STAPLE CHECK HERE