

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 MAR -9 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED  
PARTNERSHIP  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

## DOCUMENT #

1. Name of Limited Partnership

ADRIAN BUILDERS AT SOUTH DADE, LTD.

2. Principal Office Address

4155 SW 130th AVE

Suite, Apt. #, etc.

Suite 201

City & State

Miami, FL

Zip

33175

Country

U.S.

3. Mailing Office Address

4551 Ponce de Leon Blvd

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33146

Country

U.S.

8. Name and Address of Current Registered Agent

Name

A & A Registered Agent, Inc.

Street Address (P.O. Box Number is Not Acceptable)

4551 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*F. H. Hays*

(REGISTERED AGENT MUST SIGN)

DATE

3/8/06

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

ADRIAN BUILDERS  
AT SOUTH DADE, Inc.

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

4155 SW 130th AVE  
SUITE #201

City, State and Zip Code

MIAMI, FL 33175

10a. Registration  
Document Number

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03/20/06--01017--035 \*\*151.75

REINSTATEMENT

04-05

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

*Alvaro L. Adrian*

DATE

2-24-06

Typed or Printed Name of General Partner Signing Form

ALVARO L. ADRIAN

Telephone Number

305-485-5501