


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 08 MAY 15 PM 3:01

DOCUMENT # A00000000858	
1. Entity Name ADRIANBUILDERS AT SOUTH DADE, LTD.	

Principal Place of Business 4155 SW 130TH AVE., SUITE 201 MIAMI, FL 33175	Mailing Address 4551 PONCE DE LEON BLVD. <del>CORAL GABLES, FL 33140</del>
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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

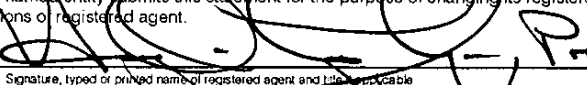


04012008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-1011611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent A&A REGISTERED AGENT, INC. 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146
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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
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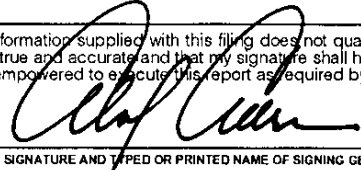
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  Pres. DATE: 4/7/08

**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 #	P00000051596	STREET ADDRESS	
NAME	ADRIANBUILDERS AT SOUTH DADE, INC.	CITY-ST-ZIP	
STREET ADDRESS	4155 SW 130TH AVE., SUITE 201		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100129602571
STREET ADDRESS			05/15/08--01031--008 **\$500.00
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
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SIGNATURE: 	DATE: 4/18/08	Daytime Phone #
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STAPLE CHECK HERE