


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 16 PM 12:08

DOCUMENT # A02000000070	
1. Entity Name ADRIANBUILDERS AT TAMIAMI TRAIL, LTD.	

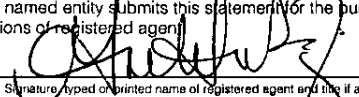
Principal Place of Business 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	Mailing Address <del>% A&amp;P REGISTERED AGENT, INC.</del> <del>2460 SW 137TH AVE., SUITE 226</del> <del>MIAMI, FL 33175</del>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03112004 Chg-LP CR2E003 (10/03)	
4. FEI Number 04-3593595	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
<del>A&amp;P REGISTERED AGENT, INC.</del> <del>2450 SW 137TH AVE., SUITE 226</del> <del>MIAMI, FL 33175</del>

7. Name and Address of New Registered Agent
Name A & A Registered Agent, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2450 SW 137 Ave., Suite 221
City Miami
FL Zip Code 33175

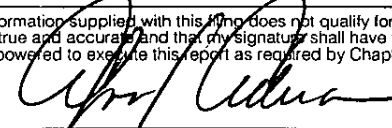
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 3/15/04
Signature typed or printed name of registered agent and title if applicable.	

9. Capital Contributions as Shown on record. \$9,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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	
DOCUMENT #	P02000006001
NAME	ADRIANBUILDERS AT TAMIAMI TRAIL, INC.
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238
CITY-ST-ZIP	MIAMI, FL 33175
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800030672308
CITY-ST-ZIP	03/17/04--01059--006 **151.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	DATE: 15-04 DAYTIME PHONE #: 205-221-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

STAPLE CHECK HERE