

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 **04-3593595** Applied For ☐ Not Applicable

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

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
**% A&A REGISTERED AGENT, INC.
4551 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146**

2. Principal Place of Business - No P.O. Box #
4155 SW 130 Ave

3. Mailing Address

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33175

Country

Zip

Country

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

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 # NAME STREET ADDRESS CITY - ST - ZIP	P02000006001 ADRIANBUILDERS AT TAMIAMI TRAIL, INC. 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	STREET ADDRESS CITY - ST - ZIP	4155 SW 130 Ave., Suite 201 Miami, FL 33175
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	500102537685 05/15/07--01048--017 **500.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS 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