


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 15 PM 3:01

DOCUMENT # A02000000070	
1. Entity Name ADRIANBUILDERS AT TAMIAMI TRAIL, 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. GORAL CABLES, FL 33146
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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

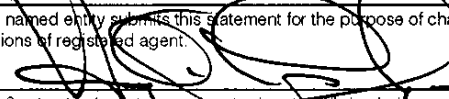
City & State Miami, FL	City & State Miami, FL
Zip 33175	Country USA



03312008 Chg-LP CR2E003 (12/06)

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 A&A REGISTERED AGENT, INC. 4551 PONCE DE LEON BLVD. GORAL CABLES, 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:  PRES. DATE: 4/7/08

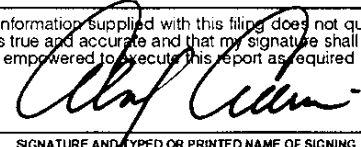
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 #	P02000006001	STREET ADDRESS	
NAME	ADRIANBUILDERS AT TAMIAMI TRAIL, INC.	CITY-ST-ZIP	
STREET ADDRESS	4155 SW 130 AVENUE SUITE 201		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000129602580
NAME		CITY-ST-ZIP	05/15/08 01031--009 **500.00
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  DATE: 4/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER