

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 2004 APR 30 AM 10:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000000071 1. Entity Name ADRIANBUILDERS AT TAMiami AIRPORT II, LTD.					
Principal Place of Business 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175			Mailing Address % A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 226 MIAMI, FL 33175		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address % A&P Registered Agent, Inc. Suite, Apt. #, etc. 2450 SW 137 Ave., Ste. 221			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 01-0660786	
Zip 33175		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 226 MIAMI, FL 33175				7. Name and Address of New Registered Agent Name A&P Registered Agent, Inc. Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137 Avenue 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 obligation of registered agent. SIGNATURE Gretel Rodriguez, President 4/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
9. Capital Contributions as Shown on record. \$9,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 # P02000006008 NAME ADRIANBUILDERS OFFICE PARK I, INC. STREET ADDRESS 2460 SW 137TH AVE., SUITE 238 CITY-ST-ZIP MIAMI, FL 33175			STREET ADDRESS CITY-ST-ZIP		
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14. 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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE