2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED

	DOCUMENT # A0200000071 1. Entity Name ADRIANBUILDERS AT TAMIAMI AIRPORT II, LTD.					2005 JUL -7 PM 2: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
ļ	Principal Place of Business 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175 Mailing Address % A&A REGISTERED AGE 2450 SW 137TH AVE., SUITE 238 MIAMI, FL 33175									
	2. Principal P	lace of Business	3. Mailing Address 4551 Ponce	Mailing Address 1551 Ponce de Leon Blul.						
			Suite, Apt. #, etc.			04262005	Chg-LP (CR2E003 (1		
	City & State	,		Loral Gables, FL		4. FEI Number 01-06607	86		Applied For Not Applicable	
	Zip	Country	33146		LSA .	5. Certificate of		Fee R	5 Additional lequired	
ŀ	6. Name and Address of Current Registered Agent A&A REGISTERED AGENT, INC.				Name	7. Name and Ad	idress of New Regis	tered Agent		
	AGA REGISTERED AGENT, INC. -2450 SW 187TH AVE., SUITE-221 MIAMI-FL-33475				Streat Address (P.O. Box Number is Not Acceptable)					
	Williams, I L	- 10				Ponce	de Loor. Jes	· • • •	p Code	
	8. The above named entry sulfnits 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 pegistered agent.									
	SIGNATURE Signature, typed or physical name of registered agent and the (if applicable)									
	9. Capital Contributions as Shown on record. \$9,000.00 10. Amount of Capital in FLORIDA to dat			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.									
}	DOCUMENT #				13. ADDRESS CHÂNGES ONLY STREET ADDRESS					
	NAME Street Address	ADRIANBUILDERS OFFICE PA 2460 SW 137TH AVE., SUITE 2		IC.						
	DOCUMENT #	MIAMI, FL 33175								
	NAME STREET ADDRESS				SIREET ADDRESS SOUDS 7343845 O7712/U501032004 **151.25					
STAPLE CHINEK HERE	CITY-SI-ZIP DOCUMENT #				EET ADDRESS					
	NAME STREET ADDRESS				Y-ST-ZIP					
	DOCUMENT #			STR	EET ADORESS					
	NAME STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP					
	DOCUMENT #			STR	EET ADDRESS					
	NAME STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP					
	DOCUMENT #			STR	EET ADDRESS			•		
	STREET ADDRESS CITY-ST-ZIP			CITY	r-Sr-ZIP		·			
	14. I hereby of indicated the receiv	certify that the information supplied wi on this report is Irue and accurate a ver or trustee empowered to execut	b this filing does no qualify for I that my signature shall have his eport as required by Char	or the exe the sam pter 620,	emption stated in Se e legal effect as if n Florida Statutes	ection 119.07(3)(i), I nade under oath; th	Florida Statutes. I furt nat I am a General Pa	ther certify the	at the information mited partnership or	
	SIGNAT		OR PRINTED NAME OF SIGNING GENER		CVO LA	dian a	4129105 L	305) 2.	21-2110	