

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

2005 JUL -7 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A0200000071			
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&A REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	
2. Principal Place of Business		3. Mailing Address 4551 Ponce de Leon Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip	Country
		33146	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
A&A REGISTERED AGENT, INC. 2460 SW 137TH AVE., SUITE 221 MIAMI, FL 33175		Name Street Address (P.O. Box Number is Not Acceptable) 4551 Ponce de Leon Blvd. City Coral Gables FL Zip Code 33146	
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  Signature, typed or printed name of registered agent and title if applicable.		DATE 4/21/05	
9. Capital Contributions as Shown on record. \$9,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
<p>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.</p>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000006008	STREET ADDRESS	
NAME	ADRIANBUILDERS OFFICE PARK I, INC.	CITY-ST-ZIP	
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	500057343845
NAME		CITY-ST-ZIP	07/12/05--01032--004 **151.25
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STREET ADDRESS			
CITY-ST-ZIP			
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: 		Alvaro L. Adrian 4/29/05 (305) 221-2110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE