

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

06 MAY -1 PH 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A02000000071</b> 1. Entity Name <b>ADRIANBUILDERS AT TAMIAMI AIRPORT II, LTD.</b>					
Principal Place of Business <b>2460 SW 137TH AVE., SUITE 238          MIAMI, FL 33175</b>			Mailing Address <b>% A&amp;A REGISTERED AGENT, INC.          4551 PONCE DE LEON BLVD.          CORAL GABLES, FL 33146</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>01-0660786</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>A&amp;A REGISTERED AGENT, INC.          4551 PONCE DE LEON BLVD.          CORAL GABLES, FL 33146</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
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		
NAME			CITY-ST-ZIP		
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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 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					
<b>SIGNATURE:</b> <u>PA Alana</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<u>4/27/06 305.221.2110</u> <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

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