

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 30 AM 11:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



03212007 Chg-LP CR2E003 (12/06)

4. FEI Number **01-0660786** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**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&A REGISTERED AGENT, INC.  
 4551 PONCE DE LEON BLVD.  
 CORAL GABLES, FL 33146**

2. Principal Place of Business - No P.O. Box #  
**4155 SW 130 Ave**

Suite, Apt. #, etc.  
**201**

City & State  
**Miami, FL**

Zip **33175** Country

**6. Name and Address of Current Registered Agent**

**A&A REGISTERED AGENT, INC.  
 4551 PONCE DE LEON BLVD.  
 CORAL GABLES, FL 33146**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P02000006008 ADRIANBUILDERS OFFICE PARK I, INC. 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175</b>	STREET ADDRESS CITY-ST-ZIP	<b>4155 SW 130 Ave, Suite 201 Miami, FL 33175</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>000102537530 05/15/07--01048--015 **\$500.00</b>
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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: *[Signature]* \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER