

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 15 PM 3:01

DOCUMENT # A02000000071

1. Entity Name
ADRIANBUILDERS AT TAMiami AIRPORT II, LTD.



Principal Place of Business
4155 SW 130 AVENUE
SUITE 201
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 #

3. Mailing Address

4155 SW 130 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

03312008

Chg-LP

CR2E003 (12/06)

City & State

City & State

Miami, FL

4. FEI Number

01-0660786

Applied For

Not Applicable

Zip

Country

Zip

Country

33175

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Henry A. Lopez-Aguilar, P.A.

Street Address (P.O. Box Number is Not Acceptable)

9415 Sunset DR., #119

City

Miami

FL

Zip Code
33173

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

4/7/08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # P02000006008
NAME ADRIANBUILDERS OFFICE PARKING, INC. *
STREET ADDRESS 4155 SW 130 AVENUE SUITE 201
CITY-ST-ZIP MIAMI, FL 33175

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # * Name was changed to:
NAME Adrianbuilders at Tamiami
STREET ADDRESS Airport II, Inc.
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/18/08

STAPLE CHECK HERE