


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 TAMIAI 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 #
 Suite, Apt. #, etc.

3. Mailing Address
 4155 SW 130 AVE
 Suite, Apt. #, etc.
 201

City & State
 Miami, FL

Zip
 33175

Country
 USA



03312008 Chg-LP CR2E003 (12/06)

4. FEI Number
 01-0660786

Applied For
 Not Applicable

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

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
 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  DATE
 4/7/08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

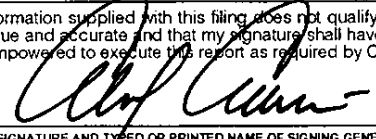
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000006008	STREET ADDRESS	
NAME	ADRIANBUILDERS OFFICE PARK I, INC. *	CITY-ST-ZIP	
STREET ADDRESS	4155 SW 130 AVENUE SUITE 201		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #	* Name was changed to:	STREET ADDRESS	
NAME	Adrianbuilders at Tamiami	CITY-ST-ZIP	
STREET ADDRESS	Airport II, Inc.		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

100129602651
 05/15/08--01031--012 **500.00

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:  DATE
 4/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER