

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010691 AT

**DOCUMENT # A02000000071**  
 1. Entity Name  
**ADRIANBUILDERS AT TAMiami AIRPORT II, LTD.**



FILED

03 APR 18 AM 11:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**2460 SW 137TH AVE., SUITE 238  
 MIAMI FL 33175**

Mailing Address  
**% A&P REGISTERED AGENT, INC.  
 2450 SW 137TH AVE., SUITE 226  
 MIAMI FL 33175**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

4. FEI Number  
**01-0660786**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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&P REGISTERED AGENT, INC.  
 2450 SW 137TH AVE., SUITE 226  
 MIAMI FL 33175**

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.

9. Capital Contributions as Shown on record. **\$9,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
 SEE REVERSE SIDE FOR FEE INFORMATION

**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 PARK I, INC.**  
 STREET ADDRESS **2460 SW 137TH AVE., SUITE 238**  
 CITY-ST-ZIP **MIAMI FL 33175**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 CITY-ST-ZIP

STREET ADDRESS  
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**700016950097**  
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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:** *[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/11/03 (305) 221-1515**  
 Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE