


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 2004 APR 30 AM 10:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000000073	
1. Entity Name ADRIANBUILDERS AT BIRD ROAD, LTD.	

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. City & State Zip Country	3. Mailing Address 910 A&A Registered Agent, Inc. 2450 SW 137 Ave, Ste. 221 City & State Miami, Florida Zip Country 33175 USA
---	---



04012004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 226 MIAMI, FL 33175		7. Name and Address of New Registered Agent Name A&A Registered Agent, Inc. Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137 Avenue Suite 221 City Miami FL Zip Code 33175	
--	--	---	--

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 <u><i>Bretel Rodriguez</i></u> Bretel Rodriguez, President 4/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>	
---	--

9. Capital Contributions as Shown on record. \$9,000.00	10. Amount of Capital Contributions in FLORIDA to date.
--	---

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	P02000006025 ADRIANBUILDERS OFFICE PARK III, INC. 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400036194064 05/12/04 01035 012 **151.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: <u><i>[Signature]</i></u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #
---	--	------	-----------------

STAPLE CHECK HERE