

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

FILED

06 MAY -1 PM 2:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03142006 Chg-LP CR2E003 (11/05)

4. FEI Number
03-0379742

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
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, 2006, 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 # **P02000006025**
NAME **ADRIANBUILDERS OFFICE PARK III, INC.**
STREET ADDRESS **2460 SW 137TH AVE., SUITE 238**
CITY-ST-ZIP **MIAMI, FL 33175**

STREET ADDRESS
CITY-ST-ZIP

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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: *R. Adley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/06 305-221-2110
Date Daytime Phone #

STAPLE CHECK HERE

**700074079127
05/05/06-01045-030 **\$500.00**