
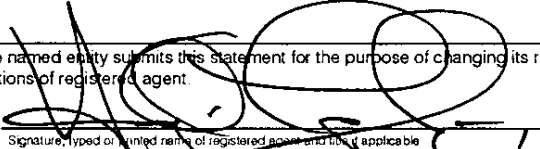
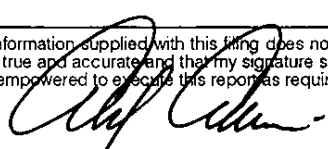


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

08 MAY 22 PM 3: 50

DOCUMENT # A02000000073					
1. Entity Name ADRIANBUILDERS AT BIRD ROAD, LTD.					
Principal Place of Business 4155 SW 130 AVENUE SUITE 201 MIAMI, FL 33175			Mailing Address 4155 SW 130 AVENUE SUITE 201 MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0379742	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <u>Henry A. Lopez-Aguilar, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>9415 Sunset DR, #119</u> City <u>MIAMI</u> FL Zip Code <u>33173</u>		
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 <u>4/7/08</u>	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
300129506863 05/15/08--01002--017 **500.00					
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		STREET ADDRESS		
NAME	ADRIANBUILDERS OFFICE PARK III, 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 Bird Road,		CITY-ST-ZIP		
STREET ADDRESS	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					
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: 			4/18/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE