2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004			FILED AN IN: 39	
DOCUMENT # A0200000074		2004 APR 30 AH 10: 39		
1. Entity Name ADRIANBUILDERS OFFICE PARK IV, LTD.			SECRETARY OF STATE TALLAHASSEE. FLORIDA	
Principal Place of Business 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	Mailing Address - % A&P REGISTERED AGENT,2450 SW 137TH AVE., SUITEMIAMI, FL 33175		I MATERIAL IN COMPANY AND	
2. Principal Place of Business	3, Mailing Address	red Agent, V		
Suite, Apt. #, etc.	Suite, Apt. #, etc. 137 f	henue sk.	04012004 Chg-LP	CR2E003 (10/03)
City & State	City & State	orida	4. FEI Number 03-0380022	Applied For Not Applicable
Zip Country		USA	5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name 1	7. Name and Address of New	Registered Agent
A&P RECISTERED AGENT, INC. 2450 SW 1371H AVE., SUITE 226 MIAMI, FL 33175		Street Address (P.O. Box Nyulber is Not Acceptable) 3450 SW 37 Hovenure 5(4) + 271		
		City Li	711	FL Zip Code
8. The above named entity submits this statement for the obligations of registerest agent. SIGNATURE Signature, typod or printed name of registryes open.	Gretel Rodriau	ered office or register	ed agent, or both, in the State of F	
9. Capital Contributions sa Shown on record. \$9,000.00	10. Amount of Capital Contin FLORIDA to date.	tributions		
A GENERAL PARTNER T NOTE: General Partners MA	THAT IS A BUSINESS ENTITY AY NOT be changed on the for	MUST BE REGIST m; an amendmen	ERED AND ACTIVE WITH T	HIS OFFICE. general partner.
12. GENERAL PARTNER INFORMATION DOCUMENT# P0200006035		3.		ANGES ONLY
MAME ADRIANBUILDERS OFFICE PAR STREET ADDRESS 2460 SW 137TH AVE., SUITE 23 CITY-ST-ZIP MIAMI, FL 33175	RK IV, INC.	TREET ADDRESS		
DOCUMENT # NAME	s	TREET ADDRESS	500036 05/12/040103	194055 5011 **151.75
STREET ADDRESS	c	ITY-ST-ZIP		
DOCUMENT # :	s	TREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	С	ITY-ST-ZIP		
DOGUMENT #	s	TREET ADDRESS		
CITY-ST-ZIP	c	ITY-ST-ZIP		
OTY-ST-ZIP DOCUMENT ON NAME STREET ADDRESS	s	TREET ADDRESS		
	c	ITY-ST-ZIP		
DOCUMENT # NAME	5	TREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	6	ITY-ST-ZIP		
14. I hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to effecute the	this filing does not qualify for the explanative shall have the sa	xemption stated in Se	ction 119.07(3)(i), Florida Statutes nade under oath; that I am a Gene	. I further certify that the information ral Partner of the limited partnership or
the receiver of trustee enhancement to pre-cute in	is required by Chapter 620	o, Florida Statules	N	

FILED