2005 LIMITED PARTNERSHIP REINSTATEMENT

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WANT OF SIGNING GENERAL PARTNER

DOCUMENT # A0200000074 2005 OCT 20 AM 9: 05 1. Entity Name ADRÍANBUILDERS OFFICE PARK IV, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2460 SW 137TH AVE., SUITE 238 % A&A REGISTERED AGENT, INC. MIAMI, FL 33175 2450 SW 137TH AVE., SUITE 226 MIAMI, FL 33175 2. Principal Place of Business 3. Mailing Address 4551 Ponce De Leon Blud 4155 SW 130th Ave Suite, Äpt. #, etc. Suite, Apt. #, etc. 10182005 REIN-LP CR2E100 (6/04) 201 Suite 4. FEI Number Applied For City & State City & State 03-0380022 Not Applicable Coral Gables Miami FL Country Country \$8.75 Additional 5. Certificate of Status Desired U.S 33175 33146 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A & A Registered Agent Street Address (P.O. Box Number is Not Acceptable) 4551 Ponce De Leon Bl A&A REGISTERED AGENT, INC. 2450 SW 137TH AVE.; SUITE-220 MIAMI_FL 33175 -Coral Zip Code Gables 33146 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 In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the 10. Amount of Capital Contributions 9. Capital Contributions \$9,000.00 in FLORIDA to date. as Shown on record. prior notice. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P02000006035 DOCUMENT # STREET ADDRESS 4155 SW 130th Ave., Suite 201 NAME ADRIANBUILDERS OFFICE PARK IV, INC. 2460 CW 137TH AVE .. SUITE 238 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAMI: FE=33176 Miami 33175 DOCUMENT # STREET ADDRESS NAME - 10006083058 10/20/05--01056--002 ** STREET ADDRESS CITY, \$T, 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 600060830536 10720705--01056--001 **1.75 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME **STREET ADDRESS** CITY-ST-ZIP 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 10-19-05 (305) aal-all0

FILED

Daytime Phone #

Date