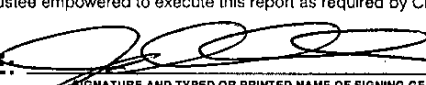


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 10 AM 10:46

DOCUMENT # A03000000166					
1. Entity Name ADAMS MANAGEMENT USA, LTD.					
Principal Place of Business 540 BILTMORE WAY CORAL GABLES, FL 33134 US			Mailing Address 540 BILTMORE WAY CORAL GABLES, FL 33134 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02072005 Chg-LP CR2E003 (10/03) 4. FEI Number 81-0594759 Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADAMS, JOHN C 2701 PONCE DE LEON BLVD. SUITE 302 CORAL GABLES, FL 33134				Name ADAMS JOHN C.	
				Street Address (P.O. Box Number is Not Acceptable)	
				540 Biltmore Way.	
				City	Zip Code
CORAL GABLES, FL				FL 33134	
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.					
9. Capital Contributions as Shown on record. \$8,000,000.00			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 #	P03000012440		STREET ADDRESS	540 Biltmore Way	
NAME	ADAMS MANAGEMENT USA, INC.		CITY-ST-ZIP	Coral Gables, FL 33134	
STREET ADDRESS	2701 PONCE DE LEON BLVD., SUITE 302				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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 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: 			2/08/05 305-448-9022 305-432-2236		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE