## **2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006**

1. E	ntity Name				FILED					
AD	ADRIANBUILDERS AT SUNSET, LTD.						0	6 MAY -	PM 2:59	
% Al 246	DRIANBU	o of Business ILDERS AT SUNSET, INC. TH AVE., SUITE 238 175	ON 33146			IAI	LAHASS	Y OF STATE SEE, FLORIDA		
<b>2.</b> Pi	Principal Place of Business 3. Mailing Address									
Sı	uite, Apt. #	*, etc.	Suite, Apt. #, etc.			03142006	Chg-LP	CR2E003 (11/05)		
C	City & State		City & State			4. FEI Number APPLIED F	OR	<del></del>	Applied For Not Applicable	
Zi	Zip Country		Zip	Zip Count		5. Certificate of S			.75 Additional	
		6. Name and Address of Current	Registered Agent			7. Name and Ado	ress of New R			
	A&A REGISTERED AGENT, INC.				Name					
455	4551 PONCE DE LEON BLVD CORAL GABLES, FL 33146				Street Address (P.O. Box Number is Not Acceptable)					
		, , , , _								
					City			FL	Zip Code	
	<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.</li> </ol>					red agent, or both, in	the State of Flo	rida. I am fam	iliar with, and accept	
SIGN	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							DATE		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00									
	After May 1, 2006, Fee will be \$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.					i; an amendmen		ADDRESS CHA		er.	
DOGUN	MENT #	P03000043020 ADRIANBUILDERS AT SUNSET, INC.			EET ADDRESS				, <u>, , , , , , , , , , , , , , , , , , </u>	
STREET CITY-S		2460 SW 137TH AVE., SUITE 23 MIAMI, FL 33175	38	спу						
DOCUN	MENT #			STRE	EET ADDRESS		W			
STREET CITY-S	T ADDRESS ST-ZIP			CITY	'-ST-ZIP	05/0	05/0601	<b>407</b> 9 04502	9038 5 **500.00	
DOCUM NAME	MENT #			STRI	EET ADDRESS					
STREET CITY-5	T ADORESS ST-ZIP			CITY	'-ST-ZIP				***	
NAME				STRI	EET ADDRESS					
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NAME				STRI	EET ADDRESS					
	ST-ZIP			CITY	'-ST-ZIP					
NAME				STRI	EET ADDRESS					
CITY-S			N. 11 . El		′-ST-ZIP			* vi		
l i	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									
	GNAT	URE: KAA	Lay-			4/27/	'06 3L	75.271.	2110	