

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 30 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000617

1. Entity Name  
ADRIANBUILDERS AT SUNSET, LTD.



Principal Place of Business  
% ADRIANBUILDERS AT SUNSET, INC.  
2460 SW 137TH AVE., SUITE 238  
MIAMI, FL 33175

Mailing Address  
4551 PONCE DE LEON  
CORAL GABLES, FL 33146



2. Principal Place of Business - No P.O. Box #  
4155 SW 130 Ave

3. Mailing Address

Suite, Apt. #, etc.  
201

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State

Zip  
33175

Country

Zip

Country

01172007

Chg-LP

CR2E003 (12/06)

4. FEI Number

APPLIED FOR 76-0730916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

A&A REGISTERED AGENT, INC.  
4551 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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

DOCUMENT # P03000043020  
NAME ADRIANBUILDERS AT SUNSET, INC.  
STREET ADDRESS 2460 SW 137TH AVE., SUITE 238  
CITY-ST-ZIP MIAMI, FL 33175

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4155 SW 130 Ave, Suite 201  
CITY-ST-ZIP Miami, FL 33175

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE