


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY 15 PM 3:01

DOCUMENT # A03000000617	
1. Entity Name ADRIANBUILDERS AT SUNSET, LTD.	

Principal Place of Business 4155 SW 130 AVENUE SUITE 201 MIAMI, FL 33175	Mailing Address 4551 PONGE DE LEON CORAL GABLES, FL 33146
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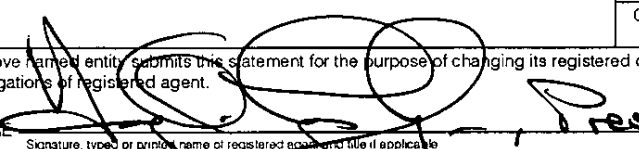
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4155 SW 130 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 201
City & State	City & State MIAMI, FL
Zip	Zip 33175
Country	Country USA



03312008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent ASA REGISTERED AGENT, INC. 4551 PONGE DE LEON BLVD CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Henry A. Lopez-Aguir, P.A. Street Address (P.O. Box Number is Not Acceptable) 9415 Sunset DR., #119 City MIAMI FL Zip Code 33173
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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  Pres DATE 4/7/08

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P03000043020	STREET ADDRESS	
NAME	ADRIANBUILDERS AT SUNSET, INC.	CITY-ST-ZIP	
STREET ADDRESS	4155 SW 130 AVENUE SUITE 201		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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 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

4/18/08

Date

Daytime Phone #

STAPLE CHECK HERE