

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

**DOCUMENT # A04000000585**

1. Entity Name  
**ADRIANBUILDERS AT METRO/FT. MYERS, LTD.**



Principal Place of Business  
 2460 SW 137TH AVE., SUITE 238  
 MIAMI, FL 33175

Mailing Address  
 4551 PONCE DE LEON BLVD.  
 CORAL GABLES, FL 33146

**FILED**

06 MAY -1 PM 2:58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006

Chg-LP

CR2E003 (11/05)

4. FEI Number

20-1020745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2006, 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 # P04000061749  
 NAME ADRIANBUILDERS AT METRO/FT. MYERS, INC.  
 STREET ADDRESS 2460 SW 137TH AVE., SUITE 238  
 CITY-ST-ZIP MIAMI, FL 33175

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
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 CITY-ST-ZIP

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DOCUMENT #  
 NAME  
 STREET ADDRESS  
 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:**

*PGQ*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/06 305-221-2110

Date

Daytime Phone #

STAPLE CHECK HERE

800874079118  
 05/05/06--01045--029 \*\*\$500.00