

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03212007 Chg-LP CR2E003 (12/06)

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		
2. Principal Place of Business - No P.O. Box # 4155 SW 130 Ave		3. Mailing Address Suite, Apt. #, etc. 201			
City & State Miami, FL		City & State City & State		4. FEI Number 20-1020745	
Zip 33175		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000061749		STREET ADDRESS	4155 SW 130 Ave., Suite 201	
NAME	ADRIANBUILDERS AT METRO/FT. MYERS, INC.		CITY-ST-ZIP	Miami, FL 33175	
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____ <small>Daytime Phone # _____</small>		

STAPLE CHECK HERE