

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 15 PM 3:01

DOCUMENT # A04000000939		
1. Entity Name ADRIAN BUILDERS, LTD.		

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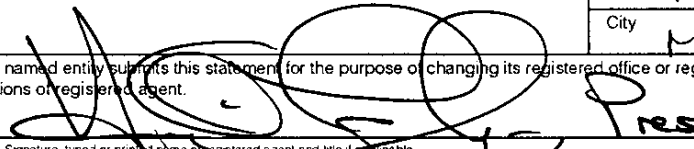
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4155 SW 130 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 201	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
33175		33175	USA



03312008 Chg-LP CR2E003 (12/06)

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: Henry A. Lopez-Aguilar, 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: 4/2/08

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 #	P04000090110	STREET ADDRESS	
NAME	ADRIAN BUILDERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	4155 SW 130 AVENUE SUITE 201		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	200129602642
NAME		CITY-ST-ZIP	05/15/08--01031--011 **500.00
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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

4/15/08

Date Daytime Phone #

STAPLE CHECK HERE