2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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## Due By May 1, 2005 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A04000001040** 05 MAR 25 AM 10: 19 ADRIANBUILDERS AT TAMIAMI AIRPORT III, LTD. Principal Place of Business Mailing Address 9192 CORAL WAY, STE. 201 9192 CORAL WAY, STE. 201 MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012005 CR2E003 (10/03) Cha-LP City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CABALLERO, MARCIA B ESQ Street Address (P.O. Box Number is Not Acceptable) 9192 CORAL WAY, STE. 201 MIAMI, FL 33165 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 9. Capital Contributions 10. Amount of Capital Contributions \$9,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY P04000097733 DOCUMENT 4 STREET ADDRESS NAME ADRIANBUILDERS AT TAMIAMI AIRPORT III, INC STREET ADDRESS 2460 S.W. 137TH AVENUE, STE. 238 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33175 DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 100049907341 STREET ADDRESS 04/05/05--01054--013 \*\*301 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate any that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute his report/as required by Chapter 620, Florida Statutes