
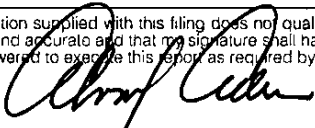


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
May 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # A04000001040					
1. Entity Name ADRIANBUILDERS AT TAMiami AIRPORT III, LTD.					
Principal Place of Business 4155 S.W. 130 AVENUE 201 MIAMI, FL 33155			Mailing Address 4155 S.W. 130 AVENUE 201 MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CABALLERO, MARCIA B ESQ 9192 CORAL WAY, STE. 201 MIAMI, FL 33165				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____				DATE _____	
Signature, typed or printed name of registered agent and title if applicable					
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 #	P04000097733		STREET ADDRESS		
NAME	ADRIANBUILDERS AT TAMiami AIRPORT III, INC		CITY-ST-ZIP		
STREET ADDRESS	4155 S.W. 130 AVENUE, SUITE 201				
CITY-ST-ZIP	MIAMI, FL 33155				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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: 				Date: 4-19-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE



04182007 Chg-LP CR2E003 (12/06)

4. FEI Number
27-0108289

5. Certificate of Status Desired \$8.75 Additional Fee Required

000000756501
05/23/07-80034-004 500.00