

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 07, 2008 08:00 A
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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02212008 Chg-LP CR2E003 (12/06)

4. FEI Number 27-0108289	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CABALLERO, MARCIA B ESQ 9192 CORAL WAY, STE. 201 MIAMI, FL 33165

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 _____ DATE _____

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.

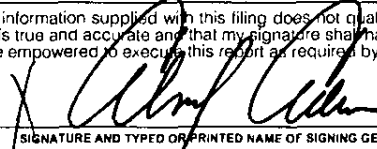
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P04000097733
NAME	ADRIANBUILDERS AT TAMiami AIRPORT III, INC
STREET ADDRESS	4155 S.W. 130 AVENUE, SUITE 201
CITY-ST-ZIP	MIAMI, FL 33155
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	

UN00000884133
 04/17/08-80031-018 500.00

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

STAPLE CHECK HERE

SIGNATURE:  DATE: March - 7 - 08 DAYTIME PHONE #: 305-485-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ DATE _____ DAYTIME PHONE # _____