


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 15 PM 3: 01

DOCUMENT # A04000001040
 1. Entity Name
 ADRIANBUILDERS AT TAMIAMI AIRPORT III, LTD.




Principal Place of Business Mailing Address
 4155 S.W. 130 AVENUE 4155 S.W. 130 AVENUE
 201 201
 MIAMI, FL 33155 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

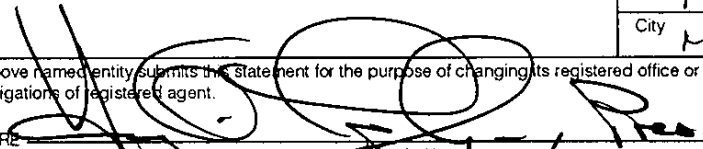
Zip Country Zip Country



03312008 Chg-LP CR2E003 (12/06)
 4. FEI Number 27-0108289 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CABELLERO, MARGIA B-ESQ
 9192 CORAL WAY, STE. 204
 MIAMI, FL 33166

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

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 4/7/08

FILE NOW!!! FEE IS \$300.00
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	200129602562 05/15/08--01031--007 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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 4/13/08 Daytime Phone #