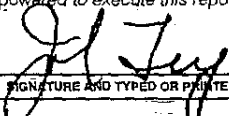


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000292 1. Entity Name ADLEE DEVELOPERS, LTD.					
Principal Place of Business 1400 NW 107TH AVE. MIAMI, FL 33172-2704			Mailing Address 1400 NW 107TH AVE. MIAMI, FL 33172-2704		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1383928	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEVY, JOEL 1400 NW 107TH AVE. MIAMI, FL 33172-2704				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 _____ Signature typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$3,300,000.00			10. Amount of Capital Contributions in FLORIDA to date. .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 # P97000107669 NAME ADLEE, INC. STREET ADDRESS 1400 NW 107TH AVE. CITY-ST-ZIP MIAMI, FL 331722704				STREET ADDRESS CITY-ST-ZIP 05/06/05-80021-004 141.25	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  Joel Levy, EUP of GP 4/15/05 (305)392-4050 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE