

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 04 APR 22 AM 10:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04012004 Chg-LP CR2E003 (10/03)

DOCUMENT # A99000000294					
1. Entity Name ADRIAN FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175			Mailing Address % A&P REGISTERED AGENT, INC. 2460 SW 137TH AVE., SUITE 221 MIAMI, FL 33175		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address % A & A Registered Agent, Inc. 2450 SW 137 Ave., Ste. 221			
City & State		City & State Miami, Florida		4. FEI Number 65-0936757	
Zip		Zip 33175		Country USA	
6. Name and Address of Current Registered Agent A&P REGISTERED AGENT, INC. 2460 SW 137TH AVE., SUITE 221 MIAMI, FL 33175				7. Name and Address of New Registered Agent Name: A & A Registered Agent, Inc. Street Address (P.O. Box Number is Not Acceptable): 2450 SW 137 Avenue Suite 221 City: Miami FL Zip Code: 33175	
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: Gretel Rodriguez, President 4/1/04 <small>Signature, typed or printed name of registered agent and title, if applicable.</small>					
9. Capital Contributions as Shown on record. \$9,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 # P99000017358 NAME ADRIAN FAMILY PARTNERSHIP, INC. STREET ADDRESS 2460 SW 137TH AVE., SUITE 238 CITY-ST-ZIP MIAMI, FL 33175			STREET ADDRESS CITY-ST-ZIP 400034380474 04/29/04--01019--014 **151.75		
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14. I hereby certify that the information supplied with this filing 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 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 4/5/04		Daytime Phone # (305) 221-1515
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE