

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

06 MAY -1 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



|  |                                 |                     |   |                                       |  |
|--|---------------------------------|---------------------|---|---------------------------------------|--|
| <b>DOCUMENT # A99000000294</b><br>1. Entity Name<br>ADRIAN FAMILY PARTNERSHIP, LTD.  |                                 |                     |   |                                       |  |
| Principal Place of Business<br>2460 SW 137TH AVE., SUITE 238<br>MIAMI, FL 33175  |                                 |                     | Mailing Address<br>% A&A REGISTERED AGENT, INC.<br>2450 SW 137TH AVE., SUITE 221<br>MIAMI, FL 33175   |                                       |  |
| 2. Principal Place of Business   |                                 | 3. Mailing Address  |   |                                       |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc. |   |                                       |  |
| City & State   |                                 | City & State        |   |                                       |  |
| Zip  | Country                         | Zip                 | Country   |                                       |  |
| 4. FEI Number<br>65-0936757  |                                 |                     | Applied For<br><input type="checkbox"/> Not Applicable  |                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 |                     | <b>\$8.75 Additional Fee Required</b>   |                                       |  |
| 6. Name and Address of Current Registered Agent<br>A&A REGISTERED AGENT, INC.<br>4551 PONCE DE LEON BLVD.<br>GORAL GABLES, FL 33146  |                                 |                     | 7. Name and Address of New Registered Agent<br>Name <u>Carmen L Ochoa</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>2460 SW 137 Ave, Suite 238</u><br>City <u>Miami</u> <span style="float: right;">FL Zip Code <u>33175</u></span> |                                       |  |
| 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 <u>[Signature]</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                 |                     |   | <u>4/28/06</u><br><small>DATE</small> |  |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2006, Fee will be \$900.00</b>   |                                 |                     |   |                                       |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                                 |                     |   |                                       |  |
| 12. GENERAL PARTNER INFORMATION  |                                 |                     | 13. ADDRESS CHANGES ONLY  |                                       |  |
| DOCUMENT #   | P99000017358                    |                     | STREET ADDRESS  |                                       |  |
| NAME   | ADRIAN FAMILY PARTNERSHIP, INC. |                     | CITY-ST-ZIP   |                                       |  |
| STREET ADDRESS   | 2460 SW 137TH AVE., SUITE 238   |                     | STREET ADDRESS  |                                       |  |
| CITY-ST-ZIP  | MIAMI, FL 33175                 |                     | CITY-ST-ZIP   |                                       |  |
| DOCUMENT #   |                                 |                     | STREET ADDRESS  |                                       |  |
| NAME   |                                 |                     | CITY-ST-ZIP   |                                       |  |
| STREET ADDRESS   |                                 |                     | STREET ADDRESS  |                                       |  |
| CITY-ST-ZIP  |                                 |                     | CITY-ST-ZIP   |                                       |  |
| DOCUMENT #   |                                 |                     | STREET ADDRESS  |                                       |  |
| NAME   |                                 |                     | CITY-ST-ZIP   |                                       |  |
| STREET ADDRESS   |                                 |                     | STREET ADDRESS  |                                       |  |
| CITY-ST-ZIP  |                                 |                     | CITY-ST-ZIP   |                                       |  |
| DOCUMENT #   |                                 |                     | STREET ADDRESS  |                                       |  |
| NAME   |                                 |                     | CITY-ST-ZIP   |                                       |  |
| STREET ADDRESS   |                                 |                     | STREET ADDRESS  |                                       |  |
| CITY-ST-ZIP  |                                 |                     | CITY-ST-ZIP   |                                       |  |
| DOCUMENT #   |                                 |                     | STREET ADDRESS  |                                       |  |
| NAME   |                                 |                     | CITY-ST-ZIP   |                                       |  |
| STREET ADDRESS   |                                 |                     | STREET ADDRESS  |                                       |  |
| CITY-ST-ZIP  |                                 |                     | 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: <u>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small><br><u>Carmen L Ochoa</u>  |                                 |                     | <u>4/28/06</u> <span style="float: right;">(305) 221-1515</span><br><small>Date Daytime Phone #</small>   |                                       |  |

STAPLE CHECK HERE