

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A99000000294

1. Entity Name
ADRIAN FAMILY PARTNERSHIP, LTD.



FILED

2007 APR 30 AM 10:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**2460 SW 137TH AVE., SUITE 238
MIAMI, FL 33175**

Mailing Address
~~% A&A REGISTERED AGENT, INC.~~
~~2450 SW 137TH AVE., SUITE 221~~
~~MIAMI, FL 33175~~

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
2460 SW 137 Avenue
Suite, Apt. #, etc.
Suite 238
City & State
Miami, FL
Zip Country
33175 USA

04122007 Chg-LP CR2E003 (12/06)

4. FEI Number
65-0936757

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
OCHOA, CARMEN L
2640 SW 137 AVE
SUITE 238
MIAMI, FL 33175

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 **04/21/2007**
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	P99000017358
NAME	ADRIAN FAMILY PARTNERSHIP, INC.
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238
CITY-ST-ZIP	MIAMI, FL 33175
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	700101852167 05/08/07--01040--001 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: **04/21/2007** **305-221-1515**
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day in a Month #