


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001107		
1. Entity Name GREC/LUIS, LTD.		

Principal Place of Business 8500 S.W. 8TH STREET, SUITE #228 MIAMI, FL 33144	Mailing Address 8500 S.W. 8TH STREET, SUITE #228 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



02222007 No Chg-LP CR2E003 (12/06)

4. FEI Number 35-2178342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSE LUIS MACHADO
 8500 S.W. 8TH STREET, SUITE #228
 MIAMI, FL 33144

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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.

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 #	P98000057710
NAME	GREC COMMERCIAL VENTURES, INC.
STREET ADDRESS	2728 SW 24 AVENUE
CITY-ST-ZIP	MIAMI, FL 33133
DOCUMENT #	S79593
NAME	LUIS DEVELOPMENT & CONSTRUCTION, INC.
STREET ADDRESS	2761 WEST TRADE AVENUE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/03/07-80077-002 500.00

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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: 3/15/07 Daytime Phone #: 305 854 1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER