

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

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A04000000969



1. Entity Name  
 LUIS/MICALI LTD.

Principal Place of Business  
 2728 SW 24TH AVENUE, SUITE C  
 MIAMI, FL 33133

Mailing Address  
 2728 SW 24TH AVENUE, SUITE C  
 MIAMI, FL 33133



02282008 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-1276064 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

LUIS, MICHAEL A  
 2728 SW 24TH AVENUE, SUITE C  
 MIAMI, FL 33133

**DO NOT WRITE  
 IN THIS SPACE**

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, 2006, 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 #	S79593
NAME	LUIS DEVELOPMENT, INC.
STREET ADDRESS	2728 SW 24TH AVENUE, SUITE C
CITY-ST-ZIP	MIAMI, FL 33133
DOCUMENT #	P97000040137
NAME	ALLIED CONCRETE RESTORATION, INC.
STREET ADDRESS	13301 S.W. 124TH STREET
CITY-ST-ZIP	MIAMI, FL 33186
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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 03/15/06-80067-015 500.00

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER