

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 27 AM 9:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01042007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-1276064	Applied For Not Applicable
-----------------------------	-------------------------------

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

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
--	--

DO NOT WRITE IN THIS SPACE

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

800095698908
 04/03/07--01054--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: _____ **3/15/07** **3058541919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #