


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A02000001107</b> 1. Entity Name <b>GREC/LUIS, LTD.</b>	
--	---

FILED

04 JUL 30 PM 2:06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>8500 S.W. 8TH STREET, SUITE #228</b> <b>MIAMI, FL 33144</b>	Mailing Address <b>8500 S.W. 8TH STREET, SUITE #228</b> <b>MIAMI, FL 33144</b>
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04282004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>35-2178342</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent  <b>JOSE LUIS MACHADO</b> <b>8500 S.W. 8TH STREET, SUITE #228</b> <b>MIAMI, FL 33144</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
--	---

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.

9. Capital Contributions as Shown on record. <b>\$9,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>9500</b>	
--	---	--

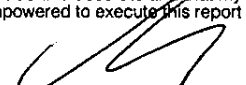
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY												
<table border="1" style="width:100%"> <tr> <td style="width:10%">DOCUMENT #</td> <td><b>P98000057710</b></td> </tr> <tr> <td>NAME</td> <td><b>GREC COMMERCIAL VENTURES, INC.</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8500 S.W. 8TH STREET, SUITE #228</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI, FL 33144</b></td> </tr> </table>	DOCUMENT #	<b>P98000057710</b>	NAME	<b>GREC COMMERCIAL VENTURES, INC.</b>	STREET ADDRESS	<b>8500 S.W. 8TH STREET, SUITE #228</b>	CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	<table border="1" style="width:100%"> <tr> <td style="width:10%">STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	<b>P98000057710</b>												
NAME	<b>GREC COMMERCIAL VENTURES, INC.</b>												
STREET ADDRESS	<b>8500 S.W. 8TH STREET, SUITE #228</b>												
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>												
STREET ADDRESS													
CITY-ST-ZIP													
<table border="1" style="width:100%"> <tr> <td style="width:10%">DOCUMENT #</td> <td><b>S79593</b></td> </tr> <tr> <td>NAME</td> <td><b>LUIS DEVELOPMENT &amp; CONSTRUCTION, INC.</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2761 WEST TRADE AVENUE</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>COCONUT GROVE, FL 33133</b></td> </tr> </table>	DOCUMENT #	<b>S79593</b>	NAME	<b>LUIS DEVELOPMENT &amp; CONSTRUCTION, INC.</b>	STREET ADDRESS	<b>2761 WEST TRADE AVENUE</b>	CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>	<table border="1" style="width:100%"> <tr> <td style="width:10%">STREET ADDRESS</td> <td><b>100039957001</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>08/06/04--01056--017 **155.25</b></td> </tr> </table>	STREET ADDRESS	<b>100039957001</b>	CITY-ST-ZIP	<b>08/06/04--01056--017 **155.25</b>
DOCUMENT #	<b>S79593</b>												
NAME	<b>LUIS DEVELOPMENT &amp; CONSTRUCTION, INC.</b>												
STREET ADDRESS	<b>2761 WEST TRADE AVENUE</b>												
CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>												
STREET ADDRESS	<b>100039957001</b>												
CITY-ST-ZIP	<b>08/06/04--01056--017 **155.25</b>												

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**


**Michael A. Luis** Pres/6P 4/28/04 3058541919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #