

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A02000001107

1. Entity Name  
GREG/LUIS, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 16 AM 10:23

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005

Chg-LP

CR2E003 (10/03)

4. FEI Number  
35-2178342

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$9,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

DOCUMENT # P98000057710  
NAME GREG COMMERCIAL VENTURES, INC.  
STREET ADDRESS 8500 S.W. 8TH STREET, SUITE #228  
CITY-ST-ZIP MIAMI, FL 33144

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # S79593  
NAME LUIS DEVELOPMENT & CONSTRUCTION, INC.  
STREET ADDRESS 2761 WEST TRADE AVENUE  
CITY-ST-ZIP COCONUT GROVE, FL 33133

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/05 305 2626533

Date

Daytime Phone #