


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A02000001107

1. Entity Name
GREC/LUIS, LTD.



Principal Place of Business Mailing Address

8500 S.W. 8TH STREET, SUITE #228 **8500 S.W. 8TH STREET, SUITE #228**
MIAMI, FL 33144 **MIAMI, FL 33144**



01152008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

35-2178342 Not Applicable

5. Certificate of Status Desired **\$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

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

DATE
01/30/08-80033-025 500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE \$25 500.00
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	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/08 **3058541919**
Date Daytime Phone #