

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001107

1. Entity Name
GREC/LUIS, LTD.



APPROVED
AND
FILED

03 MAR 21 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

35-2178342

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

9,500

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

STREET ADDRESS

CITY-ST-ZIP

200012599182
02/17/03--01078--020 **52.50

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

200012599182
03/05/03--01023--001 **88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200012599182
03/21/03--01028--005 **14.00

DOCUMENT #
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/22/03 305-200-6533

CR2E003 (10/02)

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