

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 06, 2006 08:00 AM
Secretary of State

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**



02282008 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1276064

Applied For
Not Applicable

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

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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # **S79593**
NAME **LUIS DEVELOPMENT, INC.**
STREET ADDRESS **2728 SW 24TH AVENUE, SUITE C**
CITY-ST-ZIP **MIAMI, FL 33133**

DOCUMENT # **P97000040137**
NAME **ALLIED CONCRETE RESTORATION, INC.**
STREET ADDRESS **13301 S.W. 124TH STREET**
CITY-ST-ZIP **MIAMI, FL 33186**

DOCUMENT #
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03/15/06-B0067-015 500.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

STAPLE CHECK HERE