



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 8:55

DOCUMENT # A05000001299 1. Entity Name GREC/LUIS II, LTD.	
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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
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02032006 Chg-LP CR2E003 (11/05)
City & State	City & State	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MACHADO, JOSE L 8500 S.W. 8TH STREET, SUITE #228 MIAMI, FL 33144	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

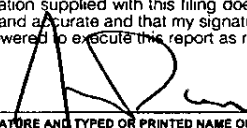
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	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
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800074079378
 05/05/06-01047-007 **500.00

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:  DATE: 4/15/06 DAYTIME PHONE: 305 2626537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER