

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A05000001685**

1. Entity Name  
**GREC LUIS DEVELOPMENT, LTD.**



**FILED**

**2007 MAR 27 AM 10:21**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**APPLIED FOR**

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**

**MACHADO, JOSE L  
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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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

DOCUMENT # **S79593**  
NAME **LUIS DEVELOPMENT, INC.**  
STREET ADDRESS **2728 S.W. 24TH AVE., SUITE C**  
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

STREET ADDRESS

CITY-ST-ZIP

**100095596161  
04/03/07--01052--016 \*\*\$900.00**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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 #

**3/15/07 305 854 1919**

STAPLE CHECK HERE