

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A05000001685

1. Entity Name
GREC LUIS DEVELOPMENT, LTD.



FILED

08 JAN 30 PM 4:02

**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
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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

01152008 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, 2008, 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	700116111117 01/25/08--01037--009 **500.00

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	

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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