

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 JAN 30 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000001685

1. Entity Name
GREC LUIS DEVELOPMENT, LTD.



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

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

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 _____

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, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000057710 GREC COMMERCIAL VENTURES, INC. 8500 S.W. 8TH STREET, SUITE #228 MIAMI, FL 33144	STREET ADDRESS CITY-ST-ZIP	700115111117 01/25/08--01037--009 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	S79593 LUIS DEVELOPMENT, INC. 2728 S.W. 24TH AVE., SUITE C COCONUT GROVE, FL 33133	STREET ADDRESS CITY-ST-ZIP	
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____