

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

**FILED**

2007 MAR 27 AM 9: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A05000001962</b>	
1. Entity Name LUIS MICALI DEVELOPMENT, 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
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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

4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUIS, MICHAEL A 2728 SW 24TH AVENUE, SUITE C MIAMI, FL 33133		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, 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 #	L05000099554	STREET ADDRESS	
NAME	MICALI DEVELOPMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	12915 SW 132 AVE.		
CITY-ST-ZIP	MIAMI, FL 33186		
DOCUMENT #	S79593	STREET ADDRESS	
NAME	LUIS DEVELOPMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	2728 SW 24TH AVENUE, SUITE C		
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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: \_\_\_\_\_ DATE: 3/15/07 DAYTIME PHONE: 305 854 1919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER