

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A99000000365			
1. Entity Name LUIS/ALLIED LTD.			
Principal Place of Business 2761 WEST TRADE AVE. COCONUT GROVE FL 33133		Mailing Address 2761 WEST TRADE AVE. COCONUT GROVE FL 33133	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 PM 2:11



MOORE CR2E003 (11/03)

4. FEI Number 65-0975069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUIS, MICHAEL A 2761 WEST TRADE AVE. COCONUT GROVE FL 33133		7. Name and Address of New Registered Agent Name Michael A. Luis Street Address (P.O. Box Number is Not Acceptable) 2728 SW 24th Avenue Suite C City Coconut Grove FL Zip Code 33133	
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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 **4/14/04**

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # S79593	NAME LUIS DEVELOPMENT & CONSTRUCTION, INC.	STREET ADDRESS 2728 SW 24th Avenue #C	
STREET ADDRESS 2761 WEST TRADE AVE.		CITY-ST-ZIP Coconut Grove, FL 33133	
CITY-ST-ZIP COCONUT GROVE FL 33133			
DOCUMENT # P97000040137	NAME ALLIED CONCRETE RESTORATION, INC.	STREET ADDRESS	
STREET ADDRESS 13301 S.W. 124TH COURT		CITY-ST-ZIP	
CITY-ST-ZIP MIAMI FL 33186			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **4/14/04** DAYTIME PHONE # **305 854 1919**

STAPLE CHECK HERE