

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 26 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
2728 SW 24th Ave

3. Mailing Address
2728 SW 24th Ave

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.
Suite C

City & State
Coconut Grove, FL

City & State
Coconut Grove, FL

Zip
33133

Country
USA

Zip
33133

Country
USA

04222005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0975069

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUIS, MICHAEL A
2728 SW 24TH AVE.
SUITE C
COCONUT GROVE, FL 33133**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$100.00**

10. Amount of Capital Contributions
in FLORIDA to date.

**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**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

STREET ADDRESS
CITY-ST-ZIP **400054343094
05/12/05--01077--015 **141.25**

DOCUMENT # **P97000040137**
NAME **ALLIED CONCRETE RESTORATION, INC.**
STREET ADDRESS **13301 S.W. 124TH COURT**
CITY-ST-ZIP **MIAMI, FL 33186**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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STREET ADDRESS
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

Daytime Phone #

STAPLE CHECK HERE