


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # A99000000365 1. Entity Name LUIS/ALLIED LTD.	
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Principal Place of Business 2728 SW 24TH AVE, STE C COCONUT GROVE, FL 33133	Mailing Address 2728 SW 24TH AVE, STE C COCONUT GROVE, FL 33133
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02212006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0975069	Applied For 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 2728 SW 24TH AVE. SUITE C COCONUT GROVE, FL 33133
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**DO NOT WRITE IN THIS SPACE**

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, 2006, 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	
DOCUMENT #	S79593
NAME	LUIS DEVELOPMENT & CONSTRUCTION, INC.
STREET ADDRESS	2728 SW 24TH AVENUE, #C
CITY-ST-ZIP	COCONUT GROVE, FL 33133
DOCUMENT #	P97000040137
NAME	ALLIED CONCRETE RESTORATION, INC.
STREET ADDRESS	13301 S.W. 124TH COURT
CITY-ST-ZIP	MIAMI, FL 33186
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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05/15/06-80079-019 500.00

**DO NOT WRITE IN THIS SPACE**

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

4/27/06 - 305 854 1919  
Daytime Phone # \_\_\_\_\_