


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

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	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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 # _____