

**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.



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



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 ☐

**\$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

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

DATE

**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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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  
3058541919  
Daytime Phone #