


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Mar 26, 2007 08:00 AM
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
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01042007 No Chg-LP CR2E003 (12/06)

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, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	S79593 LUIS DEVELOPMENT & CONSTRUCTION, INC. 2728 SW 24TH AVENUE, #C COCONUT GROVE, FL 33133
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000040137 ALLIED CONCRETE RESTORATION, INC. 13301 S.W. 124TH COURT MIAMI, FL 33186
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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04/03/07-80033-023 500.00

**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: _____ **3/15/07** **3058541919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #