

**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**



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 ☐ **\$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, 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 # **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 #  
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STREET ADDRESS  
CITY-ST-ZIP

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04/03/07-80033-023 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone

STAPLE CHECK HERE