

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 21, 2008 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**



01152008 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.

U000000912538

05/08/08-80027-002 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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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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

4/15/08

Date

3058541919

Daytime Phone #

STAPLE CHECK HERE