


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

05 MAY 13 PM 3:43

MIAMI, FLORIDA

**DOCUMENT # A04000000969**

1. Entity Name  
**LUIS/MICALI LTD.**



Principal Place of Business <b>2728 SW 24TH AVENUE, SUITE C MIAMI, FL 33133</b>	Mailing Address <b>2728 SW 24TH AVENUE, SUITE C MIAMI, FL 33133</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04222005 Chg-LP CR2E003 (10/03) 5/13

4. FEI Number **20-1276064** 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 AVENUE, SUITE C  
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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.

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions In FLORIDA to date.
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>S79593</b>	STREET ADDRESS	
NAME	<b>LUIS DEVELOPMENT, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2728 SW 24TH AVENUE, SUITE C</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>		
DOCUMENT #	<b>P97000040137</b>	STREET ADDRESS	
NAME	<b>ALLIED CONCRETE RESTORATION, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>13301 S.W. 124TH STREET</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33188</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING GENERAL PARTNER