


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 10 AM 9:06

DOCUMENT # A05000001962

1. Entity Name
 LUIS MICALI DEVELOPMENT, LTD.



Principal Place of Business
 2728 SW 24TH AVENUE, SUITE C
 MIAMI, FL 33133

Mailing Address
 2728 SW 24TH AVENUE, SUITE C
 MIAMI, FL 33133

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02282006 Chg-LP CR2E003 (11/05)

4. FEI Number				<input checked="" type="checkbox"/> Applied For
				<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
LUIS, MICHAEL A 2728 SW 24TH AVENUE, SUITE C MIAMI, FL 33133		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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000099554	STREET ADDRESS	
NAME	MICALI DEVELOPMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	12915 SW 132 AVE.		
CITY-ST-ZIP	MIAMI, FL 33186		
DOCUMENT #	S79593	STREET ADDRESS	
NAME	LUIS DEVELOPMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	2728 SW 24TH AVENUE, SUITE C		
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 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: _____ DATE: 2/28/06 DAYTIME PHONE: 305 854 1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE