

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 27 AM 9: 20


SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01042007 Chg-LP CR2E003 (12/06)

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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L05000099554 MICALI DEVELOPMENT, LLC 12915 SW 132 AVE. MIAMI, FL 33186	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	S79593 LUIS DEVELOPMENT, INC. 2728 SW 24TH AVENUE, SUITE C MIAMI, FL 33133	STREET ADDRESS CITY-ST-ZIP	200095699042 04/03/07--01052--017 **500.00
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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: _____ DATE: 3/15/07 DAYTIME PHONE #: 305 854 1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER