

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001296**

1. Entity Name

KEY BISCAVNE OFFICE LTD.



Principal Place of Business

2299 DOUGLAS RD., 4TH FLOOR  
MIAMI FL 33145

Mailing Address

2299 DOUGLAS RD., 4TH FLOOR  
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E003 (11/03)

4. FEI Number

65-1048637

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

FIRC MANAGEMENT, INC.  
2299 DOUGLAS RD., 4TH FLOOR  
MIAMI FL 33145

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record

\$1,700.00

10. Amount of Capital Contributions  
in FLORIDA to date

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # 651835  
NAME FIRC MANAGEMENT, INC.  
STREET ADDRESS 2299 DOUGLAS RD., 4TH FLOOR  
CITY- ST- ZIP MIAMI FL 33145

STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT # P00000067701  
NAME KB OFFICES INC.  
STREET ADDRESS 2299 DOUGLAS RD., 4TH FLOOR  
CITY- ST- ZIP MIAMI FL 33145

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)(i), 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 #

04/27/04

(305) 443-2508

STAPLE CHECK HERE