

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:50

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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**



01092006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-1048637

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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.

DATE _____

**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

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

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

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500075015425
05/22/06--01016--005 **500.00

**DO NOT WRITE
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

4/28/06

Date

(205) 860-2300

Daytime Phone #

STAPLE CHECK HERE