2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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DOCUMENT # A0000001296 2007 APR 30 AM 10: 17 KEY BISCAYNE OFFICES LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2299 DOUGLAS RD., 4TH FLOOR 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business - No P.O. Box # ushave Dr. Bulshove Suite, Apt. #, etc. 01182007 Chq-LP CR2E003 (12/06) oite # City & State 4. FEI Number Applied For 65-1048637 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box)SA ĺ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent danadement FIRC MANAGEMENT, INC. 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145 €ity Econut Grove 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 hame of registered agent and title if applicable. DATE 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY 651835 DOCUMENT # STREET ADDRESS NAME FIRC MANAGEMENT, INC. STREET ADDRESS 2299 DOUGLAS RD., 4TH FLOOR CITY-ST-ZIP CITY-\$1-ZIP MIAMI, FL 33145 DOCUMENT # P00000067701 STREET ADDRESS NAME KB OFFICES INC. STREET ADDRESS 2299 DOUGLAS RD., 4TH FLOOR CITY-ST-ZIP CHY-ST-ZIP MIAMI, FL 33145 DOCUMENT # STREET ADDRESS NAME 2<u>00101463</u>2 04/07--01005--003 STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

ITED NAME OF SIGNING GENERAL PARTNER

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