

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:46

**DOCUMENT # A00000001296**

1. Entity Name  
**KEY BISCAVNE OFFICES LTD.**



Principal Place of Business  
**2665 S BAYSHORE DR  
SUITE 302  
COCONUT GROVE, FL 33133**

Mailing Address  
**2665 S BAYSHORE DR  
SUITE 302  
COCONUT GROVE, FL 33133**



01252008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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**

**FIRC MANAGEMENT, INC.  
2665 S BAYSHORE DRIVE  
COCONUT GROVE, FL 33133**

**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, 2008, 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 **2665 S BAYSHORE DR SUITE 302**  
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

DOCUMENT # **P00000067701**  
NAME **KB OFFICES INC.**  
STREET ADDRESS **2665 S BAYSHORE DR SUITE 302**  
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

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**300120708323**  
**03/19/08--01010--010 \*\*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

Date

Daytime Phone #

**2/25/2008 305-860-2300**

STAPLE CHECK HERE