## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

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**SIGNATURE:** 

## FILED **Due By May 1, 2007** DOCUMENT # A32563 2007 APR 30 AM 10: 17 1. Entity Name FIRC KEY BISCAYNE, LTD SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 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 # Mailing Address 65 C Broyshove Dr 01182007 Chg-LP CR2E003 (12/06) 71tc & State 4. FEI Number Applied For 65-0314937 Not Applicable Countr Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIRC MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY **DOCUMENT** ₹ 651835 STREET ADDRESS FIRC MANAGEMENT, INC. NAME STREET ADDRESS 2299 DOUGLAS RD., 4TH FL CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL DOCUMENT # STREET ADDRESS FRAGA, ANTONIO O. NAME 2299 DOUGLAS RD., 4TH FL STREET ADDRESS CITY-ST-ZIP aronut Grove, CITY - ST - ZIP MIAMI, FL てく DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-7IP CUTY - ST - ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

TURE AND TYPES OF PRINTED NAME OF SIGNING GENERAL PARTNER