


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

DOCUMENT # A32563 1. Entity Name FIRC KEY BISCAYNE, LTD	
---	---

Principal Place of Business 2665 S BAYSHORE DRIVE SUITE 302 COCONUT GROVE, FL 33133	Mailing Address 2665 S BAYSHORE DRIVE SUITE 302 COCONUT GROVE, FL 33133
--	--

DO NOT WRITE IN THIS SPACE



01072008 No Chg-LP		CR2E003 (12/06)
4. FEI Number 65-0314937	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FIRC MANAGEMENT, INC. 2665 S BAYSHOARE DRIVE SUITE 302 COCONUT GROVE, FL 33133	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
--	---

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

**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 DRIVE SUITE 302
CITY - ST - ZIP	COCONUT GROVE, FL 33133
DOCUMENT #	
NAME	FRAGA, ANTONIO O.
STREET ADDRESS	2665 S BAYSHORE DRIVE SUITE 302
CITY - ST - ZIP	COCONUT GROVE, FL 33133
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

000120708350
03/19/08-01010-011 **500.00

STAPLE CHECK HERE

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	2/25/2008 305-8100-2300 Date Daytime Phone #
--	---