

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182007 Chg-LP CR2E003 (12/06)

4. FEI Number **65-0574060** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # A95000000647

1. Entity Name
FIRC NARANJA, LTD.



Principal Place of Business
**2299 DOUGLAS ROAD
4TH FLOOR
MIAMI, FL 33145**

Mailing Address
**2299 DOUGLAS ROAD
4TH FLOOR
MIAMI, FL 33145**

2. Principal Place of Business - No P.O. Box #
2665 S. Bayshore Dr.
Suite, Apt. #, etc.
Suite # 302
City & State
Coconut Grove, FL

3. Mailing Address
2665 S. Bayshore Dr.
Suite, Apt. #, etc.
Suite # 302
City & State
Coconut Grove, FL

Zip
33133 Country
USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
FIRC Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Dr.

Suite #
Suite # 302

City
Coconut Grove FL Zip Code
33133

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 date if applicable.

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	2665 S. Bayshore Dr. Suite # 302
NAME	FIRC MANAGEMENT, INC.	CITY-ST-ZIP	Coconut Grove, FL 33133
STREET ADDRESS	2299 DOUGLAS ROAD, 4TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		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: _____ DATE: **4/9/07** (305) 860-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE