

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**


FILED

2005 MAY -6 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001594

1. Entity Name
FIRC MIAMI GARDENS, LTD.



Principal Place of Business
2299 DOUGLAS RD., 4TH FLOOR
MIAMI, FL 33145

Mailing Address
2299 DOUGLAS RD., 4TH FLOOR
MIAMI, FL 33145



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04142005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0616243

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.
2299 DOUGLAS RD., 4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ FL Zip Code _____

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.

9. Capital Contributions as Shown on record. \$15,000.00

10. Amount of Capital Contributions in FLORIDA to date _____

**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	
NAME	FIRC MANAGEMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	2299 DOUGLAS RD., 4TH FLOOR		
CITY - ST - ZIP	MIAMI, FL 33145		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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06/07/05-01063-001 ***193.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 05/27/05 DAYTIME PHONE #: (305) 443-2808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE