


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED

06 MAY -1 AM 8:51

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A95000001594 1. Entity Name FIRC MIAMI GARDENS, LTD.	
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Principal Place of Business 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145	Mailing Address 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145
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01092006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0616243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	651835 FIRC MANAGEMENT, INC. 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145
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**300075015443
05/22/06--01016--006 **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]* 4/28/06 (305) 860-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE