

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 18 AM 9:42

DOCUMENT # A96000001720

1. Entity Name  
FIRC MCNAB, LTD.



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

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

**DO NOT WRITE IN THIS SPACE**

07102006 No Chg-LP CR2E003 (11/05)

4. FEI Number  
65-0698666

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 ROAD, 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 6, 2006**

700078992577  
08/22/06 01031 004 \*\*500.00  
In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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 # P96000095786  
NAME FRAGA FAMILY CORP.  
STREET ADDRESS 2299 DOUGLAS ROAD, 4TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33145

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

8/19/06 (305) 860-2300

STAPLE CHECK HERE