


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # A96000001720 | |  |
| 1. Entity Name FIRC MCNAB, LTD. | | |

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| Principal Place of Business 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI, FL 33145 | Mailing Address 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI, FL 33145 |
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| 2. Principal Place of Business - No P.O. Box # 2665 S. Bayshore Dr. Suite, Apt. #, etc. Suite # 302 City & State Coconut Grove, FL Zip 33133 Country USA | 3. Mailing Address 2665 S. Bayshore Dr. Suite, Apt. #, etc. Suite # 302 City & State Coconut Grove, FL Zip 33133 Country USA |
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01182007 Chg-LP CR2E003 (12/06)

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| 4. FEI Number 65-0698666 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent FIRC MANAGEMENT, INC. 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI, FL 33145 | |
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| 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 # 302 City Coconut Grove, FL Zip Code 33133 | |
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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, 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 # NAME STREET ADDRESS CITY - ST - ZIP | P96000095786 FRAGA FAMILY CORP. 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI, FL 33145 | STREET ADDRESS CITY - ST - ZIP | 2665 S. Bayshore Dr., Suite # 302 Coconut Grove, FL 33133 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | 600101463265 05/04/07--01005--003 **2950.00 |
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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

4/9/07 (305) 860-2300
Date Daytime Phone #

STAPLE CHECK HERE