## 2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # A96000001720**

1. Entity Name FIRC MCNAB, LTD.

Principal Place of Business

2665 S BAYSHORE DRIVE

COCOCNUAT GROVE, FL 33133

SUITE 302

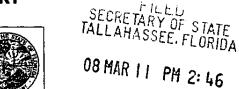


Mailing Address

2665 S BAYSHORE DRIVE

SUITE 302

COCOCNUAT GROVE, FL 33133





01072008 No Chg-LP

CR2E003 (12/06)

4. FEI Number			Applied For
65-0698666		["	Not Applicable
E OLEGIA GOLD - DIVING	r1	\$8.75	Additional

5. Certificate of Status Desired

Fee Required

6.	. Nam	e and	Address	of Current	Regis	tered	l Agen	t
		J						

		1
2665 S BA SUITE 302	IAGEMENT, INC. LYSHORE DRIVE 2 T GROVE, FL 33133	DO NOT WRITE IN THIS SPACE
	named entity submits this statement for the purpose of changing its r tions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered egent and title if applicable.	DATE
	FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.	.00
<i>i</i>		TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  o form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	P96000095786	
NAME	FRAGA FAMILY CORP.	
STREET ADDRESS	2665 S BAYSHORE DRIVE SUITE 302	03 <b>79708-120708797</b> 03 <b>79708-100</b> 00-120 ***500.00
CITY-ST-ZIP	COCONUT GROVE, FL 33133	0.010 0.00 **Jun_un
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		_
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NAME STREET ADDRESS		DO NOT WRITE
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DOCUMENT #		IN THIS SPACE
NAME		IN THIS STACE
STREET ADDRESS		
CITY-ST-ZiP		
DOCUMENT #		

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:

STAPLE CHECK HERE

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER