

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
JAN 19 1998
10 11 30
CORPORATION
DIVISION

1. Name of Limited Partnership WEST FLAGLER ASSOCIATES, LTD.	1a. DOCUMENT # A00686
--	--



Mailing Address P.O. BOX 350940 MIAMI FL 33135-0940	Principal Office Address 401 N.W. 38TH CT. MIAMI FL 33126
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 07/23/1963	5a. Capital Contributions as Shown on record \$92.00
3a. Date of Last Report 10/27/1997	5b. Amount of Capital Contributions in FL GRATIA to date <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
4. State or Country of Formation FL	6. FEI Number 59-1021502
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent HECHT INVESTMENTS, LTD. 401 N.W. 38TH COURT MIAMI FL 33126
--

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	500012786285--2 -02/05/99--01092--025 ****141.25 FL ****141.25
---	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership, organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SW FL ENTERPRISES INC.	401 NW 38TH COURT	MIAMI FL	345274
IHA, INC.	401 NW 38TH COURT	MIAMI FL	M61296
BHH, INC.	401 NW 38TH COURT	MIAMI FL	M61293
HECHT INVESTMENTS, LTD.	401 NW 38TH COURT	MIAMI FL	A17898

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Fred Havenick*
FRED HAVENICK - PRESIDENT OF SOUTHWEST FLORIDA ENTERPRISES INC
 Typed or Printed Name of General Partner Signing Form

DATE _____
 Daytime Telephone Number **305-649-3000**

CR2E003 (8/98)