


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

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00686</b> 1. Entity Name WEST FLAGLER ASSOCIATES, LTD.	
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Principal Place of Business 401 N.W. 38TH CT. MIAMI, FL 33126	Mailing Address P.O. BOX 350940 MIAMI, FL 33135-0940
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**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-1021502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.  
 2 S. BISCAYNE BLVD., 21ST FL  
 MIAMI, FL 33131

**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, 2008, 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	345274 SW FL ENTERPRISES INC. 401 NW 38TH COURT MIAMI, FL 33126
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M61293 BHH, INC. 401 NW 38TH COURT MIAMI, FL 33126
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A17898 HECHT INVESTMENTS, LTD. 401 NW 38TH COURT MIAMI, FL 33126
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

UD0000931691  
 05/22/08-80025-003 500.00

STAPLE CHECK HERE

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:**  **BARBARA HAVENICK** **3/28/08** **305-649-3000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #