FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 27 PM 12:15

1. Name of Limited Partnership

WEST FLAGLER ASSOCIATES, LTD.

1a. DOCUMENT # A00686

Mailing Address	Principal Office Address
P.O. BOX 350940 MIAMI FL 33135-0940	401 N.W. 38TH CT. MIAMI FL 33126

3. Date Formed or Registered: 07/23/1963
3a. Date of Last Report: 10/31/1996
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record.: $92.00
5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number: 59-1021502 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

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 FL Zip Code

600002332806--9
-10/29/97--01091--010
****156.25 ****156.25

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

10-27

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 DATE Oct 6/97

FRED HAVENICK - PRESIDENT OF SOUTHWEST FLORIDA ENTERPRISES, INC
Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 305-649-3000

CR2E003 (6/97)