

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00686

**Entity Name:** WEST FLAGLER ASSOCIATES, LTD.

**Current Principal Place of Business:**

866 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 350940  
MIAMI, FL 33135 US

**FEI Number: 59-1021502**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HAVENICK, ALEXANDER  
866 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document # 345274  
Name SW FL ENTERPRISES INC.  
Address 866 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

Document # M61293  
Name BHH, INC.  
Address 866 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

Document # A17898  
Name HECHT INVESTMENTS, LTD.  
Address 866 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BARBARA HAVENICK**

**CEO**

**02/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date