


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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

DOCUMENT # A00686 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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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 #