2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00686  1. Entity Name WEST FLAGLER ASSOCIATES, LTD.				FILED 2003 MAY 14 PM 2: 20		
		Mailing Address P.O. BOX 350940 MIAMI FL 33135-0940		DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA		
Principal Place of Business     3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	DUE BY MAY 1, 2003		
City & State		City & State		4. FEI Number 59-1021502	Applied For Not Applicable	
Zip	Country	Zip	Country		5 Additional equired	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent		
HECHT IN	IVESTMENTS, LTD.		Name			
401 N.W. 38TH COURT			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33126						
,			City	FL Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I am familiar	with, and accept	
9. Capital Co	Signature, typed or printed name of registered agent an intributions \$92.00	nd title if applicable.  10. Amount of Capital	Contributions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE		
as Shown on record.			e	SEE REVERSE SIDE FOR FEE INFORMATION 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			13.	ADDRESS CHANGES ONLY		
DOCUMENT # NAME	SW FL ENTERPRISES INC. 401 NW 38TH COURT		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	·		
DOCUMENT / NAME	M61296 IHA, INC.		STREET ADDRESS	000018945910 05/14/0301062028 **141.25		
STREET ADDRESS CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CITY-ST-ZIP			
DOCUMENT # NAME	AME BHH, INC.  IREET ADDRESS 401 NW 38TH COURT  MIAMI FL		STREET ADORESS	***		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>	
DOCUMENT / A17898  NAME HECHT INVESTMENTS, LTD.  STREET ADDRESS CITY-ST-ZIP MIAMI FL		STREET ADDRESS				
		CITY-ST-ZIP				
DOCUMENT # NAME	·		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	,		CITY-\$T-ZIP	· .		
DOCUMENT# NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

STAPLE CHECK HERE

SIGNATURE: SICHATURE AND TORRESTORY