

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A04000000211

1. Entity Name
66 WEST FLAGLER, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR -1 AM 10:02

Principal Place of Business
C/O EASTON & ASSOCIATES, INC.
10165 NW 19TH ST
MIAMI, FL 33172

Mailing Address
C/O EASTON & ASSOCIATES, INC.
10165 NW 19TH ST
MIAMI, FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232005 Chg-LP CR2E003 (10/03)

4. FEI Number

43-2042085

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EASTON, EDWARD J
C/O EASTON & ASSOCIATES, INC.
10165 NW 19TH ST
MIAMI, FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L04000010720
NAME 66 WEST FLAGLER, LLC
STREET ADDRESS 10165 NW 19TH ST
CITY-ST-ZIP MIAMI, FL 33172

STREET ADDRESS

200050092282

CITY-ST-ZIP

04/07/05--01005--013 **\$35.00

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS

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 601, Florida Statutes

SIGNATURE:

Edward W. Easton

305-593-2222

03/23/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

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