

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000000211

1. Entity Name
66 WEST FLAGLER, LTD.



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



04082006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2042085	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

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

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # L04000010720
NAME 66 WEST FLAGLER, LLC
STREET ADDRESS 10165 NW 19TH ST
CITY-ST-ZIP MIAMI, FL 33172

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

1100000542014
05/10/06-80082-005 508.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APR 27 2006

Date

Daytime Phone #