2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 26, 2007 08:00 AM Secretary of State

DOCI	IMENT	" # A C	ነላስስስ	വെവാ 1	1
1 14 14 .1	1000 ± 100	77 AI	1411111	リルルノノー	

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



DO NOT WRITE IN THIS SPACE

03262007 No Chg-LP

CR2E003 (12/06)

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

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

DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and title if applicable	DATE
SIGNATURE	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent.	in the State of Florida. I am familiar with, and accept

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 / LO4000010720

NAME 66 WEST FLAGLER, LLC

STREET ADDRESS 10165 NW 19TH ST
CITY-ST-ZIP MIAMI, FL 33172

DOCUMENT / NAME

STREET ADDRESS CITY-ST-ZIP

DOCUMENT / NAME

U00000736095 05/10/07-80061-013 500.00

DO NOT WRITE IN THIS SPACE

APLE 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:

STREET ADDRESS CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Edward J. Raston

Mtalos

(301)593-222

.

Daytime Phone #