

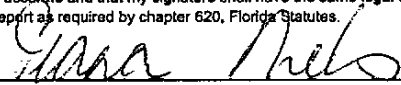


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 11 AM 11:32 	
1. Name of Limited Partnership WESTBURY ASSOCIATES LIMITED PARTNERSHIP			1a. DOCUMENT # A27663			
Mailing Address 5940 N.W. 97TH DRIVE PARKLAND FL 33076 c/o Codina R.E. Mgmt.		Principal Office Address 5940 N.W. 97TH DRIVE PARKLAND FL 33076 c/o Codina R.E. Mgmt.		3. Date Formed or Registered 12/29/1988 3a. Date of Last Report 11/05/1997 4. State or Country of Formation FL		
2. Mailing Address 1280 S.W. 36th Avenue Suite, Apt. #, etc. Suite 104 City & State Pompano Beach, FL Zip 33069		2a. Principal Office Address 1280 S.W. 36th Avenue Suite, Apt. #, etc. Suite 104 City & State Pompano Beach, FL Zip 33069		5a. Capital Contributions as Shown on record. \$300,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 		
				6. FEI Number 65-0090570 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent DYAL, J. PATRICK 800 EAST BROWARD BLVD., #700 FT. LAUDERDALE FL 33301				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 500002715525--8 -12/18/98 01025-007 *****526.25 *****526.25		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.						
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____						
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
11. Name(s) of General Partner(s) MAYFAIR PROPERTIES, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5940 N.W. 97TH DR.		11b. City, State & Zip Code PARKLAND FL		
				11c. Registration/Document Number K16688		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.						
SIGNATURE  DATE 12.06.98						
Typed or Printed Name of General Partner Signing Form Diana Niels Daytime Telephone Number _____						

CR2E003 (8/98)