


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2007**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A31540</b> 1. Entity Name <b>WEST FLAGLER PARTNERS, LTD.</b>	
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Principal Place of Business <b>1800 SUNSET HARBOUR DRIVE, STE. 2 MIAMI BEACH FL 33139</b>	Mailing Address <b>1800 SUNSET HARBOUR DRIVE, STE. 2 MIAMI BEACH FL 33139</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/06)

City & State	City & State
Zip	Country

4. FEI Number <b>65-0266545</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>TOBIN, EDWARD L 1800 SUNSET HARBOUR DRIVE, STE. 2 MIAMI BEACH FL 33139</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and filed applicable.</small>	DATE _____
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**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	<b>L75328</b>
NAME	<b>BAR-LES CORPORATION</b>
STREET ADDRESS	<b>1800 SUNSET HARBOUR DRIVE, STE. 2</b>
CITY-STATE-ZIP	<b>MIAMI BEACH FL 33139</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000672974  
03/29/07 00010 011 500.00

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>3/19/07</b> <small>Date</small>	<small>Daytime Phone #</small>
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STAPLE CHECK HERE