

**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
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FILED *ll 11/19*
98 NOV 17 AM 8:13
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

1. Name of Limited Partnership WEST BRICKELL APARTMENTS, LTD.	1a. DOCUMENT # A94000001002
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Mailing Address 2828 CORAL WAY, 5TH FLOOR MIAMI FL 33145	Principal Office Address 2828 CORAL WAY, 5TH FLOOR MIAMI FL 33145	3. Date Formed or Registered 07/25/1994	5a. Capital Contributions as Shown on record. \$7,012,987.00
		3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	6. FEI Number 65-0941544	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input checked="" 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 FOSMOEN, RICHARD 2828 CORAL WAY, 5TH FLOOR MIAMI FL 33145	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) NEW WORLD CENTER FOUNDATION,	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 25 S.E. 2ND AVENUE, S	11b. City, State & Zip Code MIAMI FL 33131	11c. Registration/Document Number 748683
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 *****535.00 *****535.00

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 Richard L. Fosmoen DATE 10/19/98
 Typed or Printed Name of General Partner Signing Form RICHARD L. FOSMOEN Daytime Telephone Number 305 359 3627

CR2E003 (8/98)