
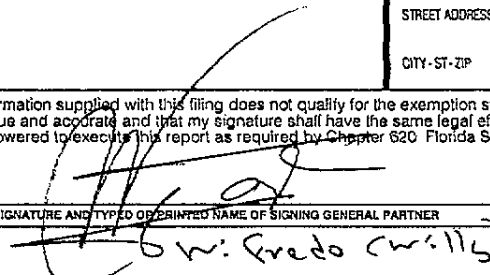


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # A94000001002					
1. Entity Name WEST BRICKELL APARTMENTS, LTD.					
Principal Place of Business 2828 CORAL WAY, 5TH FLOOR MIAMI, FL 33145			Mailing Address 2828 CORAL WAY, 5TH FLOOR MIAMI, FL 33145		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State		4. FEI Number 65-0941544	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEWIS, LYNN B 1390 BRICKELL AVE., STE. 280 MIAMI, FL 33131			Name		
			Street Address (P O Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$7,012,987.00			10. Amount of Capital Contributions in FLORIDA to date		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	748683	STREET ADDRESS			
NAME	NEW WORLD CENTER FOUNDATION, INC.	CITY-ST-ZIP			
STREET ADDRESS	25 S.E. 2ND AVENUE, SUITE 828				
CITY-ST-ZIP	MIAMI, FL 33131				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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: 		Date: 4/11/05		Daytime Phone #: 305.579-6675	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



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