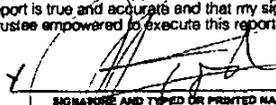


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 14 AM 9:35

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 315 S. BISCAYNE BL. Suite, Apt. #, etc. 3RD FL		3. Mailing Address 315 S. BISCAYNE BL. Suite, Apt. #, etc. 3RD FL	
City & State MIAMI FL		City & State MIAMI FL	
Zip FL		Country DADE	
4. FEI Number 65-0941544		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, LYNN B 1390 BRICKELL AVE., STE. 280 MIAMI, FL 33131		7. Name and Address of New Registered Agent 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 _____	
<p>FILE NOW!!! FEE IS \$900.00 On or after September 6, 2006, Fee will be \$1000.00</p> <p>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.</p>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	748683 NEW WORLD CENTER FOUNDATION, INC. 25 S.E. 2ND AVENUE, SUITE 828 MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	100078990981 08/22/06--01027--009 **908.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: 		Date: 07-27-06 (305) 576-9895	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE