

FROM : RHED Corp  
 JAN-15-1996 03:29


FAX NO. : 3055767899

Jan. 19 2007 02:58PM P3

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
 Due By May 1, 2007**

FILED P.02/03  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 FEB 14 AM 9:52

<b>DOCUMENT # A94000001002</b>					
1. Entity Name WEST BRICKELL APARTMENTS, LTD.					
Principal Place of Business 315 S BISCAYNE BLVD 3RD FL MIAMI, FL 33145			Mailing Address 315 S BISCAYNE BLVD 3RD FL MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
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 file if applicable</small>					
FILE NOW! FEE IS \$500.00 After May 1, 2007, Fee will be \$800.00					
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 CHANGED 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 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: _____			1-19-07		



01102007 Chg-UP CR2E003 (12/06)

4. FEI Number 05-0941544 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

900088829139  
 02/21/07 01007 007 \*\$500.00

STAPLE CHECK HERE