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

99 JAN 11 AM 11:26

1. Name of Limited Partnership

1a. DOCUMENT # A20642

SOUTHERNMOST BEACH MOTELS LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
1533 N. WOODWARD SUITE 240 BLOOMFIELD HILLS MI 48304	1533 N. WOODWARD SUITE 240 BLOOMFIELD HILLS MI 48304

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered
08/27/1985

3a. Date of Last Report
12/05/1997

4. State or Country of Formation
MI

5a. Capital Contributions as Shown on record
$1,250,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
59-2599409
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ $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

BLUM, SIGMUND
SOUTHEAST OCEAN INN
1319 DUVAL STREET
KEY WEST, FL FL 33040

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
KEY WEST HOLDINGS, INC.	1533 N. WOODWARD #240	BLOOMFIELD HILLS MI	P38099
THE OFFICE OF SIGMUND BL	UM & ASSOCIATES, INC.	KEY WEST FL	P10032
WATERFRONT MOTELS, INC.	1533 N. WOODWARD #240	BLOOMFIELD HILLS,.MI	P06611

CR2E003 (6/98)

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, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] DATE Nov. 4, 1998

Typed or Printed Name of General Partner Signing Form Stuart H. Kaufman, Exec. Vice Pres. of Key West Holdings, Inc.

Daytime Telephone Number 248-645-1660

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