

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # A20642		
1. Entity Name SOUTHERNMOST BEACH MOTELS LIMITED PARTNERSHIP		

Principal Place of Business 121 W. LONG LAKE ROAD, THIRD FLOOR BLOOMFIELD HILLS MI 48304	Mailing Address 121 W. LONG LAKE ROAD, THIRD FLOOR BLOOMFIELD HILLS MI 48304
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent MATTHEW P. BABICH 1319 DUVAL STREET KEY WEST FL 33040		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,250,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P38099 KEY WEST HOLDINGS, INC. 121 W. LONG LAKE RD. 3RD FLOOR BLOOMFIELD HILLS MI 48304	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P10032 THE OFFICE OF SIGMUND BL UM & ASSOCIATES, INC. KEY WEST FL	STREET ADDRESS CITY-ST-ZIP	U00000095033 03/24/04-80012-622 526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P06611 WATERFRONT MOTELS, INC. 121 W. LONG LAKE ROAD, THIRD FLOOR BLOOMFIELD HILLS MI 48304	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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:  **2/18/04 248-645-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #