

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 JAN 24 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2599409 Applied For Not Applicable

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

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

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.

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 #	P38099	STREET ADDRESS	
NAME	KEY WEST HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	121 W. LONG LAKE RD. 3RD FLOOR		
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304		
DOCUMENT #	P10032	STREET ADDRESS	500045287045
NAME	THE OFFICE OF SIGMUND BLUM & ASSOCIATES, INC. <i>Delete</i>	CITY-ST-ZIP	01/24/05--01002--015 **578.75
STREET ADDRESS	KEY WEST, FL		
CITY-ST-ZIP			
DOCUMENT #	P06611	STREET ADDRESS	
NAME	WATERFRONT MOTELS, INC.	CITY-ST-ZIP	
STREET ADDRESS	121 W. LONG LAKE ROAD, THIRD FLOOR		
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304		
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
STUART H. KAUFMAN, PRESIDENT

1-11-05 248-645-1600
Date Daytime Phone #

STAPLE CHECK HERE