
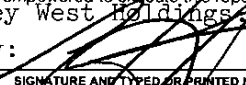


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 27 AM 9:52

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2599409	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MATTHEW P. BABICH				Name	
1319 DUVAL STREET				Street Address (P.O. Box Number is Not Acceptable)	
KEY WEST, FL 33040				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 title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 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 #	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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NAME			CITY-ST-ZIP		
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 Key West Holdings, Inc.					
SIGNATURE: By: 			Stuart M. Kaufman		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date 3-13-06 248-645-1600		
			Daytime Phone #		

STAPLE CHECK HERE