

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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**

DO NOT WRITE IN THIS SPACE

FILED

08 FEB 18 AM 9:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01162008 No Chg-LP

CR2E003 (12/06)

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

DOCUMENT # **P38099**
NAME **KEY WEST HOLDINGS, INC.**
STREET ADDRESS **121 W. LONG LAKE RD. 3RD FLOOR**
CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304**

DOCUMENT # **P06611**
NAME **WATERFRONT MOTELS, INC.**
STREET ADDRESS **121 W. LONG LAKE ROAD, THIRD FLOOR**
CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304**

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100118449321
02/20/08--01033--001 **638.75

**DO NOT WRITE
IN THIS SPACE**

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: **STUART M. KAPLAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-16-08 248-645-1600

STAPLE CHECK HERE