

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

MATTHEW P. BABICH
1319 DUVAL STREET
KEY WEST FL 33040

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

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

DATE

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

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P10032
NAME THE OFFICE OF SIGMUND BL
STREET ADDRESS UM & ASSOCIATES, INC.
CITY-ST-ZIP KEY WEST FL

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 REQUIRED

BY: *Stuart M. Reisman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-3-03 248-645-1600

CR2E003 (10/02)