

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT #A98000000457

1. Entity Name
 SOUTHERNMOST HOUSE, LTD.



Principal Place of Business
 209 DUVAL STREET
 KEY WEST, FL 33040

Mailing Address
 P.O. BOX 1687
 KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

5158.75
 SECRETARIAT OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -2 AM 10:34



01092006 No Chg-LP CR2E003 (11/05)

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|----------------------------------|---|
| 4. FEI Number 65-0810028 | Applied For <input type="checkbox"/> |
| Not Applicable | |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HALPERN, MICHAEL
 209 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, 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

| | |
|----------------|--------------------------|
| DOCUMENT # | P9800000858 |
| NAME | SOUTHERNMOST HOUSE, INC. |
| STREET ADDRESS | 209 DUVAL STREET |
| CITY-ST-ZIP | KEY WEST, FL 33040 |

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| DOCUMENT # | |
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STAPLE CHECK HERE

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/19/06 #305-296-5667
 Date Daytime Phone #