


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002853	
1. Entity Name SOUTHERNMOST, LTD.	

Principal Place of Business 566 SYLVAN DRIVE WINTER PARK FL 32789	Mailing Address 566 SYLVAN DRIVE WINTER PARK FL 32789
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0882950	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALKER, JOYCE 566 SYLVAN DRIVE WINTER PARK FL 32789
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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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record.	\$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P98000096785	STREET ADDRESS	
NAME	WBL KEY WEST, INC.	CITY- ST- ZIP	
STREET ADDRESS	566 SYLVAN DRIVE		
CITY- ST- ZIP	WINTER PARK FL 32789		
DOCUMENT #		STREET ADDRESS	000000196674
NAME		CITY- ST- ZIP	01/26/05-80077-024 526.25
STREET ADDRESS			
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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: *Joyce Walker* **JOYCE WALKER** 1/20/05 407-644-2314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE