


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P06611
1. Entity Name
WATERFRONT MOTELS, INC.



Principal Place of Business Mailing Address
121 W LONG LAKE RD 121 W LONG LAKE RD
THIRD FLOOR THIRD FLOOR
BLOOMFIELD HILLS, MI 48304-2720 BLOOMFIELD HILLS, MI 48304-2720

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-2601370 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD KAUFMAN, STUART 121 W LONG LAKE RD, THIRD FLR BLOOMFIELD HILLS, MI 483042720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RANDS, DALE G. 121 W LONG LAKE RD, THIRD FLR BLOOMFIELD HILLS, MI 483042720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIMON, ELWOOD 255 S WOODWARD AVE, STE 250 BLOOMFIELD HILLS, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/05-80026-015 150.00

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shelley Reads* Date: 1-14-05 Daytime Phone #: 248-645-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR