


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000001455
 1. Entity Name
 DEZER HOTEL MANAGEMENT, LTD.



Principal Place of Business
 18101 COLLINS AVENUE
 SUNNY ISLES BEACH, FL 33160

Mailing Address
 18101 COLLINS AVENUE
 SUNNY ISLES BEACH, FL 33160



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04112005 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
 65-0683733

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

FIELDSTONE, RONALD R
 201 ALHAMBRA CIRCLE, SUITE 601
 CORAL GABLES, FL 33134

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. \$1,530,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # P96000084458
 NAME M & N HOTEL CORP.
 STREET ADDRESS 8701 COLLINS AVENUE
 CITY-ST-ZIP MIAMI BEACH, FL 33154

STREET ADDRESS
 CITY-ST-ZIP

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STAPLE CHECK HERE

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: Neon C. Dezer N. Dezer 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #