

**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Apr 10, 2008 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



04022008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0683733</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

U00000890618  
04/22/08-80103-020 500.00  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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 #	P96000064458
NAME	M & N HOTEL CORP.
STREET ADDRESS	8701 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33154

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IN THIS SPACE**

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:**

*Norm Dezer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/7/08  
Date

Daysma Phone #