
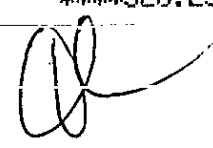
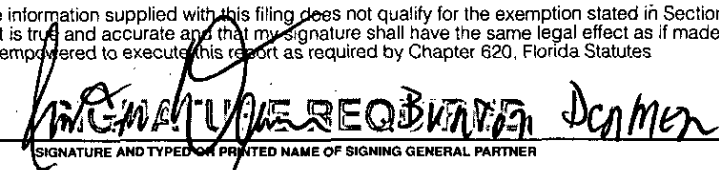


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A24062 1. Entity Name DERMER INVESTMENTS COMPANY, LTD.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 FEB -4 PM 1:23	
Principal Place of Business % BURTON DERMER 1180 S. OCEAN BLVD., #8E BOCA RATON FL 33432		Mailing Address % BURTON DERMER 1180 S. OCEAN BLVD., #8E BOCA RATON FL 33432-7663		 DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2753124 Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DERMER INVESTMENTS COMPANY, INC. % BURTON DERMER 1180 S. OCEAN BLVD., #8E BOCA RATON FL 33432				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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
9. Capital Contributions as Shown on record: \$1,996,071.60		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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 #	M43538			STREET ADDRESS	000003128650---E
NAME	DERMER INVESTMENTS COMPANY, INC.			CITY-ST-ZIP	02/08/00-01139-023
STREET ADDRESS	% 2601 S. BAYSHORE DR., SUITE 1600			CITY-ST-ZIP	****526.25 ****526.25
CITY-ST-ZIP	MIAMI FL 33133				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 				Date 1/20/2011 Daytime Phone # 381-361-0962	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					