

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A24062

1. Entity Name
DERMER INVESTMENTS COMPANY, LTD.



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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

01112005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2753124

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

9. Capital Contributions as Shown on record. **\$1,996,071.60**

10. Amount of Capital Contributions in FLORIDA to date. _____

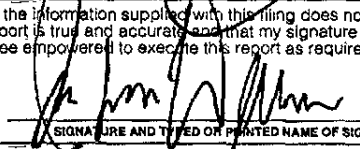
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # M43538	NAME DERMER INVESTMENTS COMPANY, INC.	STREET ADDRESS	
STREET ADDRESS % 2601 S. BAYSHORE DR., SUITE 1600	CITY-ST-ZIP MIAMI, FL 33133	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

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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:  **BURTON DERNER** 2/1/05 561 361-0962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____