2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006				Secretary of State	
DOCUMENT # A9900000170				Secre	iary of State
	DMEIER LIMITED PART	NERSHIP			
Principal Place of Business 201 CRANDON BLVD. AFT. #1200 KEY BISCAYNE, FL 33149 P.Q. BOX 279 KEY BISCAYNE, FL 33149			:	1 FEELERIN OOKE NOOMS NOOM EENIN EENIN EENIN EENIN	COSS CON ARRESTADA CON ESTADO SE SER
				03142006 No Chg-LP	CR2E003 (11/05)
DO NOT WRITE IN THIS SPACE			ACE	4. FEI Number 65-0891262	Applied For Not Applicabl
				5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent			
GOLDMEIER, BARRY S PO BOX 279				DO NOT W	RITE
KEY BISC	AYNE, FL 33149			IN THIS SP	ACE
	named entity submits this statement tions of registered agent.	for the purpose of changing its regis	tered office or register	ed agent, or both, in the State of Flor	rida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered ag-	em and title if applicable		=	DATE
	FILE NO After May 1	Will FEE IS \$500.00 2006, Fee will be \$900.00			
	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINESS ENTITY	MUST BE REGIST	ERED AND ACTIVE WITH THI t must be filed to change a ge	S OFFICE. neral partner.
12.		ER INFORMATION			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000008259 BURTRUDY, INC. 201 CRANDON BLVD., STE 12 KEY BISCAYNE, FL 33149	20 0			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				U00000 03/28/ 06 -	471455 80055-003 500.00
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	ACE
OCCUMENT # NAME SIREET ADDRESS					

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:

STAPLE CHECK HERE

CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

3/14/06