

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 20 AM 11:16



1. Name of Limited Partnership

1a. DOCUMENT #
B96000000246

DERN NO-LOAD FUND PARTNERS, LIMITED PARTNERSHIP

DERN'S FUND OF FUNDS, LP

Mailing Address
**6745 WOODBRIDGE DRIVE
BOCA RATON FL 33434**

Principal Office Address
**C/O THE CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON DE 19801**

3. Date Formed or Registered
06/27/1996

5a. Capital Contributions as
Shown on record
\$173,384.16

3a. Date of Last Report
6/27/96

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$519,361.39

4. State or Country of Formation
DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number
65-067-5240

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)
\$576.25 + \$1756. --

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name
ALPHA MANAGERS, LLC
Street Address (P.O. Box Number is Not Acceptable)
6745 WOODBRIDGE DRIVE
Suite, Apt. #, etc.
C/O ALVIN DERN
City
BOCA RATON Zip Code
FL 33434

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) **ALPHA MANAGERS, LLC**
BY: Alvin DERN, Member DATE **12/11/96**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

ALPHA MANAGERS, L.L.C.

6745 WOODBRIDGE DRIVE

BOCA RATON FL 33434

M96000000229

300002043993--8
-01/03/97--01025--010
*****576.25 ***576.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE **ALPHA MANAGERS, LLC**
BY: Alvin DERN, Member
Typed or Printed Name of General Partner Signing Form **ALVIN DERN**

DATE **12/11/96**
Daytime Telephone Number **561-883-0740**