

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -9 PM 3:29

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12/10



1. Name of Limited Partnership	1a. DOCUMENT # B96000000246
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DERN'S FUND OF FUNDS, L.P.

Mailing Address 6745 WOODBRIDGE DRIVE BOCA RATON FL 33434		Principal Office Address C/O THE CORPORATION TRUST COMPANY 1800 ORANGE STREET WILMINGTON DE 19801	
2. Mailing Address	2a. Principal Office Address 6745 WOODBRIDGE DR		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State BOCA RATON, FL		
Zip	Zip 33434	Country USA	

3. Date Formed or Registered 06/27/1996	5a. Capital Contributions as Shown on record. \$519,361.39
3a. Date of Last Report 12/20/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$519,361.39
4. State or Country of Formation DE	
6. FEI Number 65-0675240	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent ALPHA MANAGERS, LLC 6745 WOODBRIDGE DRIVE % ALVIN DERN BOCA RATON FL 33434	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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)

DATE

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) ALPHA MANAGERS, L.L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6745 WOODBRIDGE DRIVE	11b. City, State & Zip Code BOCA RATON FL 33434	11c. Registration/Document Number M96000000229
800002371129-5 -12/12/97-01098-015 ****541.25 ****541.25			

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

DATE **12/3/97**

Typed or Printed Name of General Partner Signing Form

ALVIN DERN

Daytime Telephone Number

561-883-0740

CR2E003 (6/97)