2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A0500001769

1. Entity Name
BLUE SPHERE DEERFIELD PLAZA LTD.



FILED
Mar 13, 2007 08:00 AM
Secretary of State

Principal Place of Business

P.O. BOX 56855 JACKSONVILLE, FL 32241 Mailing Address P.O. BOX 56855 JACKSONVILLE, FL 32241



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-3505413 Not Applied For Not Applicable

5. Certificate of Status Desired Sandaried Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MARCUS, ALAN J 20803 BISCAYNE BLVD. SUITE 301 AVENTURA, FL 33180 DO NOT WRITE IN THIS SPACE

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.	

FiLE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

U00000665498

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.

NOTE: Celleral Faithers WAT NOT be changed o		
Ì	12.	GENERAL PARTNER INFORMATION
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	L05000086403 BLUE SPHERE DEERFIELD PLAZA, LLC P.O. BOX 56855 JACKSONVILLE, FL 33241
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	,
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	
	DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT / NAME STREET ADDRESS	

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

JOM DEIGHENMEN

3-1-07

804-716-93as