

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000001777**

1. Entity Name  
**DEERFIELD MANAGEMENT ASSOCIATES LTD.**



Principal Place of Business  
**33 SO. SERVICE RD.  
JERICO, NY 11753**

Mailing Address  
**33 SO. SERVICE RD.  
JERICO, NY 11753**



02272006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3393082**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHAHADY, JOHN J ESQ.  
ADORNO & YOSS  
350 E. LAS OLAS BLVD, STE. I-700  
FT. LAUDERDALE, FL 33301**

**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.

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

DATE  
**04/06/06-80003-006 500.00**

**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**

DOCUMENT # **P92000007318**  
NAME **DEERFIELD ASSOCIATES CORP.**  
STREET ADDRESS **33 SO. SERVICE RD.**  
CITY-ST-ZIP **JERICO, NY 11753**

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IN THIS SPACE**

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 only, as empowered by the provisions of Chapter 600, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**VP, Secy, TREAS**

Date

Daytime Phone #

**516-333-2000**

STAPLE CHECK HERE