

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**

2008 APR -9 PM 12: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01242008 Chg-LP CR2E003 (12/06)

DOCUMENT # A97000001778	
1. Entity Name DEERFIELD ASSOCIATES LTD.	



Principal Place of Business 33 SOUTH SERVICE ROAD JERICHO, NY 11753	Mailing Address 33 SOUTH SERVICE ROAD JERICHO, NY 11753
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 11-3393081	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SHAHADY, JOHN J ADORNO & YOSS 350 E. LAS OLAS BLVD, STE. 1-700 FORT LAUDERDALE, FL 33301	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A97000001777	STREET ADDRESS	800123858478
NAME	DEERFIELD MANAGEMENT ASSOCIATES, LTD.	CITY - ST - ZIP	04/17/08--01014--013 **500.00
STREET ADDRESS	33 SOUTH SERVICE ROAD		
CITY - ST - ZIP	JERICHO, NY 11753		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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 of the partnership, empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:	VP, Sec. Treas 3/26/08 516-333-2000
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