


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000611 1. Entity Name FG DEERFIELD PARTNERS, LLLP					
Principal Place of Business C/O FG DEERFIELD GP LLC 600 WEST HILLSBORO BLVD., SUITE 510 DEERFIELD BEACH, FL 33441			Mailing Address C/O FG DEERFIELD GP LLC 600 WEST HILLSBORO BLVD., SUITE 510 DEERFIELD BEACH, FL 33441		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent JDG PROPERTIES LLP ATTN: JAMES D. GILBERT 600 WEST HILLSBORO BLVD., SUITE 510 DEERFIELD BEACH, FL 33441			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$680,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	L05000016876		STREET ADDRESS		
NAME	FG DEERFIELD GP LLC		CITY - ST - ZIP		
STREET ADDRESS	600 WEST HILLSBORO BLVD., SUITE 510				
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____