

2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000611**

1. Entity Name  
**FG DEERFIELD PARTNERS, LTD.**



Principal Place of Business  
**350 JIM MORAN BLVD  
SUITE 220  
DEERFIELD BEACH, FL 33441**

Mailing Address  
**350 JIM MORAN BLVD  
SUITE 220  
DEERFIELD BEACH, FL 33441**



02012008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0827980**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**JDG PROPERTIES LLP  
ATTN: JAMES D. GILBERT  
350 JIM MORAN BLVD SUITE 220  
DEERFIELD BEACH, FL 33441**

**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

U000000815886  
02/14/08-80028-006 500.00  
DATE

**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**

DOCUMENT # **L05000016876**  
NAME **FG DEERFIELD GP LLC**  
STREET ADDRESS **350 JIM MORAN BLVD SUITE 220**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
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 or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

**JAMES D. GILBERT**

**2/1/08**

**(954) 419-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE