


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -2 AM 10:49

DOCUMENT # B06000000421	
1. Entity Name DERN'S MARKET OPPORTUNITY FUND, L.P.	

Principal Place of Business 7777 GLADES ROAD, SUITE 207A BOCA RATON, FL 33434	Mailing Address 7777 GLADES ROAD, SUITE 207A BOCA RATON, FL 33434
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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



01222007 Chg-LP CR2E003 (12/06)

4. FEI Number 58-2544020	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DERN, ALVIN 7777 GLADES ROAD, SUITE 207A BOCA RATON, FL 33434
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	B06000000419	STREET ADDRESS	
NAME	VALLEY MANAGEMENT, L.P.	CITY-ST-ZIP	
STREET ADDRESS	7777 GLADES ROAD, SUITE 207A		
CITY-ST-ZIP	BOCA RATON, FL 33434		
DOCUMENT #		STREET ADDRESS	400088248524
NAME		CITY-ST-ZIP	02/13/07--01053--025 **508.75
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NAME		CITY-ST-ZIP	
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 or trustee empowered to execute this report in accordance with Chapter 20, Florida Statutes.

SIGNATURE: ALVIN DERN 1/23/07 561 883 0740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #