


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A06000000534		
1. Entity Name: EFBFLP LTD.		
Principal Place of Business 18149 S.E. RIDGEVIEW DRIVE TEQUESTA FL 33469		Mailing Address 18149 S.E. RIDGEVIEW DRIVE TEQUESTA FL 33469
2. Principal Place of Business - No P.O. Box # <i>NEUBERGER-BERMAN</i>		3. Mailing Address <i>605 34th AVENUE</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <i>New York, N.Y.</i>		City & State
Zip <i>10158</i>	Country <i>USA</i>	Zip Country

FILED

08 FEB -8 PM 3:39

SECRETARY OF STATE



1st MOORE CR2E003 (10/07)

4. FEI Number 65-6457475		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH FL 33401		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 _____
Signature, typed or printed name of registered agent and fee if applicable.

FILE NOW!!!; Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	BRYLAWSKI, E. FULTON	STREET ADDRESS	
NAME	18149 S.E. RIDGEVIEW DRIVE	CITY-ST-ZIP	800118072968
STREET ADDRESS	TEQUESTA FL 33469		02/14/08--01045--024 **500.00
CITY-ST-ZIP			
DOCUMENT #	BRYLAWSKI, BARBARA D	STREET ADDRESS	
NAME	18149 S.E. RIDGEVIEW DRIVE	CITY-ST-ZIP	
STREET ADDRESS	TEQUESTA FL 33469		
CITY-ST-ZIP			
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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 or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *E. Fulton Brylawski* (E. FULTON BRYLAWSKI) 1/26/08 561-745-4196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #