2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED DOCUMENT # A0400001890 06 MAY - 1 PM 1 44 FREID ENTERPRISES LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address C/O ENGELBERG & MILGRIM, P.A. C/O ENGELBERG & MILGRIM, P.A. 3230 STIRLING ROAD, SUITE 1 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address c/o Morris Engelberg, Esq. c/o Morris Engelberg, Esq. Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-LP CR2E003 (11/05) 4040 Sheridan Street 4040 Sheridan Street City & State City & State 4. FEI Number Applied For Hollywood, Florida Hollywood, Florida 20-1959920 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33021 USA 33021 US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENGELBERG, MORRIS C/O ENGELBERG & MILGRIM, P.A. Street Address (P.O. Box Number is Not Acceptable) 4040 Sheridan Street 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021 Zip Code 33021 Hol lywood 8. The above named entity submits this statement for of changing its reg tered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE MORRIS ENGELBERG, 03/27/2006 Signature, typed or printed name of registered agent and FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P04000162293 DOCUMENT # STREET ADDRESS 4040 Sheridan Street NAME FREID INVESTMENTS, INC. STREET ADDRESS 3230 STIRLING ROAD, SUITE 1 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 Hollywood, Florida 33021 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 200074697682 CITY-ST-ZIP CITY-ST-ZIP <u>05/17/06--01004--021 *≉500.00</u> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7/9 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMF. STRÉUT ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

INC., General Partner

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Barry Alan Freid, Pres. 03/27/2006

Date

SIGNATURE: 54

954-966-3900

Daytime Phone #