## **2008 LIMITED PARTNERSHIP ANNUAL REPORT** Feb 25, 2008 08:00 AN Secretary of State **Due By May 1, 2008 DOCUMENT # A03000001124** 1. Entity Name SCHONFELD ENTERPRISES, LLLP Principal Place of Business Mailing Address 943 N. SOUTHLAKE DRIVE 943 N. SOUTHLAKE DRIVE HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 02172008 No Chg-LP DO NOT WRITE IN THIS SPACE 4. FEI Number 36-4537008 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MANN & WOLF, LLP 55 NE 5TH AVENUE, STE. 500

STAPLE CHECK HERE

DO	NOT	WRITE
IN	THIS	SPACE

**FILED** 

CR2E003 (12/06)

Applied For

\$8.75 Additional

Fee Required

Daytime Phone #

Not Applicable

### Accepting blooms of registered agent, or both, in the State of Florida. I am familiar with, and accepting blooms of registered agent, or both, in the State of Florida. I am familiar with, and accepting blooms of registered agent, or both, in the State of Florida. I am familiar with, and accepting blooms of registered agent, or both, in the State of Florida. I am familiar with, and accepting blooms of registered agent, or both, in the State of Florida. I am familiar with, and accepting blooms of the State of Florida. I am familiar with, and accepting blooms of the State of Florida. I am familiar with, and accepting blooms of the State of Florida. I am familiar with, and accepting blooms of the State of Florida. I am familiar with, and accepting blooms of the State of Florida. I am familiar with, and accepting blooms of the State of Florida. I am familiar with, and accepting blooms of the State of Florida. I am familiar with, and accepting blooms of the State of Florida. I am familiar with, and accepting blooms of the State of Florida. I am familiar with, and accepting blooms of the State of Florida. I am familiar with, and accepting blooms of the State of Florida. I am familiar with, and accepting blooms of the State of Florida. I am familiar with, and accepting blooms of the Florida Statutes. I further certify that the information of the receiver of trustee emptions of the receiver of trustee emptions accordance and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the Imited partnership or the receiver of trustee emptions of the receiver of trustee emptions of the receiver of trustee emptions of the Imited partnership or the receiver of trustee emptions of the Imited partnership.	BOCA RATON, FL 33432		IN THIS SPACE	
Spreadure. Typed or primed name of regational sport and left regationals.    Spring	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.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  12. GENERAL PARTNER INFORMATION  DOCUMENT / NAME SITIET ADDRESS CITY-ST-2IP  DOCUMENT / NAME SITIET ADDRE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable			
T. GENERAL PARTNER INFORMATION  DOCUMENT / MME STREET ADDRESS CITY-ST-2IP  DOCUMENT / MME STREET ADDRESS CITY-S			U00000839235 03/05/08-80062-008 500.00	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET AD				
SCHONFELD ENTERPRISES, L.L.C. 943 N. SOUTHLAKE DRIVE HOLLYWOOD, FL 33019  DOCUMEN! NAME STREET ADDRESS CITY-5T-2P  The preby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Floride 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 proport as required by Chapter 620, Florida Statutes.	12.	GENERAL PARTNER INFORMATION		
STREET ADDRESS CITY-ST-2P DOCUMENT / MAKE STREET ADDRESS CITY-ST-2P DOCU	DOCUMENT /			
CITY-ST-ZIP  HOLLYWOOD, FL 33019  DOCUMENT # NAME  IN THIS SPACE   THIS SPACE  DOCUMENT # NAME  DOCUMENT # N		·		
DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME SIREET ADDRESS 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 1 am a General Partner of the limited partnership or the receiver or trustee empowered to execute this peport as required by Chapter 620, Florida Statutes		i de la companya de		
NAME SIREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME SIREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME SIREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME SIREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS 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 perport as required by Chapter 620, Florida Statutes.		HOLLYWOOD, FL 33019		
STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 peopri as required by Chapter 620, Florida Statutes				
CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  The properties of the information supplied with this filling 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 peopre as required by Chapter 620, Florida Statutes.				
DOCUMENT / MAME STREET ADDRESS CITY-ST-ZIP THE COCUMENT / MAME STREET ADDRESS 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 poport as required by Chapter 620, Florida Statutes				
DO NOT WRITE IN THIS SPACE  DOCUMENT / NAME STREET ADDRESS 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 poport as required by Chapter 620, Florida Statutes	DOCUMENT 4			
DOCUMENT / NAME STREET ADDRESS CITY- ST- ZIP  14. I hereby certify that the information supplied with this filling 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 affect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this perfort as required by Chapter 620, Florida Statutes				
DOCUMENT / NAME STREET ADDRESS CITY- ST- ZIP  14. I hereby certify that the information supplied with this filling 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 affect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this perfort as required by Chapter 620, Florida Statutes	STREET ADDRESS		DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 perfort as required by Chapter 620, Florida Statutes	CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 perfort as required by Chapter 620, Florida Statutes	DOCUMENT #	, , , , , , , , , , , , , , , , , , , ,	IN THIS SPACE	
CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 paper as required by Chapter 620, Florida Statutes	NAME			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 paper as required by Chapter 620, Florida Statutes	STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 paper as required by Chapter 620, Florida Statutes	CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 paper as required by Chapter 620, Florida Statutes	DOCUMENT #			
DOCUMENT # NAME STREET ADDRESS 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	NAME.			
DOCUMENT / NAME STREET ADDRESS 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	STREET ADDRESS			
NAME STREET ADDRESS 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 peport as required by Chapter 620, Florida Statutes	CITY-ST-ZIP			
STREET ADDRESS 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	DOCUMENT #			
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 effort as required by Chapter 620, Florida Statutes				
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 effort as required by Chapter 620, Florida Statutes			•	
1/2/00 95U-92205DU	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			
		$\mathcal{L}_{\alpha}$ , $\mathcal{L}_{\alpha}$ , $\mathcal{L}_{\alpha}$ , $\mathcal{L}_{\alpha}$	2/17/08 954-9220504	