FILED May 01, 2006 08:00 Al Secretary of State

Fee Required

| 2096 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 | | | |
|--|--|--|--|
| DOCUMENT # A9600000586 1. Entity Name FRISCH FAMILY PARTNERSHIP, LTD. | | | |

Principal Place of Business 1741 WEST BEAVER STREET JACKSONVILLE, FL 32209 Mailing Address P.O. BOX 41430

JACKSONVILLE, FL 32203-1430



01172006 No Chg-LP CR2E003 (11/05)

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|----|-------------------------------|--------|----------------|
| 4. | FEI Number | | Applied For |
| | 59-3368084 | | Not Applicable |
| 5. | Certificate of Status Desired | \$8.75 | Additional |

6. Name and Address of Current Registered Agent

FRISCH, HANS 744 MEST BEAVED STREET DO NOT WRITE

| | VILLE, FL 32209 | IN THIS SPACE |
|---|---|--|
| | named entity submits this statement for the purpose of changing tions of registered agent. | g its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | | DATE |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$8 | 00.00 |
| | NOTE: General Partners MAY NOT be changed or | ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. In the form; an amendment must be filed to change a general partner. |
| 12. | GENERAL PARTNER INFORMATION | |
| DOCUMENT # | P96000026322 | |
| NAME OTREST ADDRESS | HF/BSF ENTERPRISES, INC. | <u>1</u> |
| STREET ADDRESS CITY-ST-ZIP | 1741 WEST BEAVER STREET | 05/15/06-80089-013 500.00 |
| | JACKSONVILLE, FL 32209 | |
| DOCUMENT / NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| DOCUMENT | | The second of th |
| NAME | | The state of the s |
| STREET ADDRESS | | DO NOT WRITE |
| Chi'r -Si - Zip | | · · · · · · · · · · · · · · · · · · · |
| DOCUMENT # | | IN THIS SPACE |
| NAME OTRET CORDERS | | |
| STREET ADDRESS CITY-ST-ZIP | | |
| | | |
| DOCUMENT# NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| DOCUMENT # | | |
| NAME | | |
| STREET ADDRESS | | |

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:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER