


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000002185 1. Entity Name SCHOENGOLD ENTERPRISES, LIMITED PARTNERSHIP					
Principal Place of Business 4681 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467			Mailing Address % G. WHITEHORN, CPA/ FRENDEL, BROWN 655 3RD AVENUE, 14TH FLOOR NEW YORK, NY 10017		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0708883	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHOENGOLD, ZELDA 4681 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,000,000.00			10. Amount of Capital Contributions in FLORIDA to date		
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 #	NAME		STREET ADDRESS		
NAME	MINTZ, JUDITH		CITY-ST-ZIP		
STREET ADDRESS	1346 BOXWOOD DRIVE EAST				
CITY-ST-ZIP	HEWLETT, NY 11557				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	FROST, BETH		CITY-ST-ZIP		
STREET ADDRESS	25 SUTTON PLACE SO. APT. 11K				
CITY-ST-ZIP	NY, NY 10022				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SHOENFELD, AMY		CITY-ST-ZIP		
STREET ADDRESS	12 GARRITY TERRACE				
CITY-ST-ZIP	PINE BROOK, NJ 07058				
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Zelda Schoengold</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/5/5 561-968-4799 <small>Date Daytime Phone #</small>		

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