


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002185</b> 1. Entity Name <b>SCHOENGOLD ENTERPRISES, LIMITED PARTNERSHIP</b>	
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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**



03152006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0708883**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCHOENGOLD, ZELDA  
4681 FOUNTAINS DRIVE SOUTH  
LAKE WORTH, FL 33467**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

**000000495119**  
**04/20/06-80071-016 500.00**  
DATE

**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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MINTZ, JUDITH  
1346 BOXWOOD DRIVE EAST  
HEWLETT, NY 11557**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FROST, BETH  
25 SUTTON PLACE SO. APT. 11K  
NY, NY 10022**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SHOENFELD, AMY  
12 GARRITY TERRACE  
PINE BROOK, NJ 07058**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *X Zelda Schoengold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE