## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

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## FILED DOCUMENT # A96000002185 1. Entity Name 2007 APR 30 AM 10: 24 SCHÖENGOLD ENTERPRISES, LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4681 FOUNTAINS DRIVE SOUTH % G. WHITEHORN, CPA/ FRENDEL, BROWN 655 3RD AVENUE, 14TH FLOOR LAKE WORTH, FL 33467 NEW YORK, NY 10017 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172007 Chg-LP CR2E003 (12/06) Applied For City & State City & State 4. FEI Number 65-0708883 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHOENGOLD, ZELDA Street Address (P.O. Box Number is Not Acceptable) 4681 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467 Zip Code 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 lamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME MINTZ, JUDITH STREET ADDRESS 1346 BOXWOOD DRIVE EAST CITY-S1-ZIP CITY-ST-ZIP HEWLETT, NY 11557 DOCUMENT # 7897 TRIESTE PLACE STREET ADDRESS NAME FROST, BETH STREET ADDRESS 25 SUTTON PLACE SO. APT. 11K CHY-ST-ZIP DELRAY BEACH, FL 33446 CITY-ST-ZIP NY, NY, 10022 100101976211 DOCUMENT # STREET ADDRESS SHOENFELD, AMY 05/09/07--01048--010 \*\*500 OA STREET ADDRESS 12 GARRITY TERRACE CITY-ST-ZIP CITY-ST-ZIP PINE BROOK, NJ 07058 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET 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

Zelda Schoengold

4-15-07

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