


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002185</b>	
1. Entity Name <b>SCHOENGOLD ENTERPRISES, LIMITED PARTNERSHIP</b>	
	
Principal Place of Business <b>4681 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467</b>	Mailing Address <b>% G. WHITEHORN, CPA/ FRENDEL, BROWN 655 3RD AVENUE, 14TH FLOOR NEW YORK, NY 10017</b>



03142008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0708883</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>SCHOENGOLD, ZELDA 4681 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467</b>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

U000000901816  
04/29/08-80085-012 500.00

**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-STATE-ZIP	<b>MINTZ, JUDITH 1346 BOXWOOD DRIVE EAST HEWLETT, NY 11557</b>
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	<b>FROST, BETH 7897 TRIESTE PLACE DELRAY BEACH, FL 33446</b>
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	<b>SHOENFELD, AMY 12 GARRITY TERRACE PINE BROOK, NJ 07058</b>
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	
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**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:** Zelda Schoengold **Zelda Schoengold**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/08 561 968 4799  
Date Daytime Phone #

STAPLE CHECK HERE