


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A96000000413 1. Entity Name THE PIROFSKY FAMILY PARTNERSHIP NINTH STREET, LTD.	
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Principal Place of Business 5211 NW 110 AVENUE CORAL SPRINGS FL. HOUSE CORAL SPRINGS FL 33076	Mailing Address 5211 NW 110 AVENUE CORAL SPRINGS FL. HOUSE CORAL SPRINGS FL 33076
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2. Principal Place of Business 5211 N.W. 110 Ave Suite, Apt. #, etc. House City & State Coral Springs FL. Zip 33076 Country Broward	3. Mailing Address 5211 N.W. 110 Ave Suite, Apt. #, etc. House City & State Coral Springs F.L. Zip 33076 Country Broward
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FILED
2005 APR -6 PM 4:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent PIROFSKY, NORMAN 5211 NW 110 AVENUE CORAL SPRINGS FL 33076		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>Norman Pirofsky</u> DATE <u>April 1st 05</u> <small>Signature, typed or printed name of registered agent (and title if applicable)</small>	
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11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	PIROFSKY, NORMAN	STREET ADDRESS	
NAME	5211 NW 110 AVENUE	CITY-ST-ZIP	
STREET ADDRESS	CORAL SPRINGS FL 33076		
CITY-ST-ZIP			
DOCUMENT #	PIROFSKY, ELAINE	STREET ADDRESS	400051615554
NAME	5211 NW 110 AVENUE	CITY-ST-ZIP	04/22/05 01010 001 **141.25
STREET ADDRESS	CORAL SPRINGS FL 33076		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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>Norman Pirofsky</u> Norman Pirofsky	Date <u>April 1st 05</u>	Daytime Phone # <u>954-345 6533</u>