


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

<b>DOCUMENT # A96000000413</b> 1. Entity Name: <b>THE PIROFSKY FAMILY PARTNERSHIP NINTH STREET, LTD.</b>		
Principal Place of Business: <b>5211 NW 110 AVENUE HOUSE CORAL SPRINGS FL 33076</b>	Mailing Address: <b>5211 NW 110 AVENUE HOUSE CORAL SPRINGS FL 33076</b>	
2. Principal Place of Business - No P.O. Box # <b>5211 NW 110 AVE</b> Suite, Apt. #, etc. <b>HOUSE</b> City & State <b>Coral Springs</b> Zip <b>33076 FL</b>	3. Mailing Address <b>5211 NW 110 AVE</b> Suite, Apt. #, etc. <b>HOUSE</b> City & State <b>Coral Springs</b> Zip <b>33076</b>	Country <b>FL</b>

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 31 PM 2:46



1st MOORE CR2E003 (10/07)

4. FEI Number <b>65-0694519</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PIROFSKY, NORMAN 5211 NW 110 AVENUE CORAL SPRINGS FL 33076</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *Norman Pirofsky* DATE 3-28-08

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	
STREET ADDRESS	PIROFSKY, NORMAN	CITY-ST-ZIP	
CITY-ST-ZIP	5211 NW 110 AVENUE CORAL SPRINGS FL 33076		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	PIROFSKY, ELAINE	CITY-ST-ZIP	
CITY-ST-ZIP	5211 NW 110 AVENUE CORAL SPRINGS FL 33076		
DOCUMENT #	NAME	STREET ADDRESS	
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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.

SIGNATURE: *Norman Pirofsky* DATE 3-28-08 BUSINESS PHONE # 954-345-6533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE