


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

DOCUMENT # A96000000414		
1. Entity Name THE PIROFSKY FAMILY PARTNERSHIP CENTRAL PARK 2, LTD.		
Principal Place of Business 5211 NW 110 AVENUE HOUSE CORAL SPRINGS FL 33076		Mailing Address 5211 NW 110 AVENUE HOUSE CORAL SPRINGS FL 33076
2. Principal Place of Business 5211 N.W. 110 Ave	3. Mailing Address 5211 N.W. 110 Ave.	
Suite, Apt. #, etc. House	Suite, Apt. #, etc. HOUSE	
City & State Coral Springs FL.	City & State Coral Springs	
Zip 33076	Country Broward	Zip 33076
Country Broward		

FILED

2005 APR -7 PM 2: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0694413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
---	--

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>		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.	

**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	
NAME	5211 NW 110 AVENUE	CITY-ST-ZIP	
STREET ADDRESS	CORAL SPRINGS FL 33076		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Norman Pirofsky

April 1st 05

954-3456533

STAPLE CHECK HERE