


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**


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
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2. Principal Place of Business 5211 N.W. 110 AVE HOUSE	3. Mailing Address 5211 N.W. 110 AVE HOUSE
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City & State Coral Springs F.L.	City & State Coral Springs F.L.
Zip 33076	Country Broward

FILED
06 MAY -1 AM 8:40
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



1st MOORE	CR2E003 (10/05)
4. FEI Number 65-0694413	Applied For <input type="checkbox"/> Not Applicable

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 *Norman Pirofsky* DATE **5-19-06**

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, 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 #	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	200075022122
NAME	5211 NW 110 AVENUE	CITY - ST - ZIP	05/22/06--01025--027 **500.00
STREET ADDRESS	CORAL SPRINGS FL 33076		
CITY - ST - ZIP			
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STREET ADDRESS			
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* **5-19-06** **954 345 6533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE