

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**


**FILED**

2007 MAR 23 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

<b>DOCUMENT # A96000000414</b> 1. Entity Name <b>THE PIROFSKY FAMILY PARTNERSHIP CENTRAL PARK 2, LTD.</b>			
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 - No P.O. Box # <b>5211 N.W. 110 Ave</b>		3. Mailing Address <b>5211 N.W. 110 Ave</b>	
Suite, Apt. #, etc. <b>HOUSE</b>		Suite, Apt. #, etc. <b>HOUSE</b>	
City & State <b>Coral Springs FL</b>		City & State <b>Coral Springs FL</b>	
Zip <b>33076</b>		Zip <b>33076</b>	
Country <b>Broward</b>		Country <b>Broward</b>	
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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, 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	
NAME	5211 NW 110 AVENUE	CITY - ST - ZIP	
STREET ADDRESS	CORAL SPRINGS FL 33076		
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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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*

3-2007-954345-6533

PLEASE CHECK HERE