

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A96000000415

1. Entity Name

**THE PIROFSKY FAMILY PARTNERSHIP CENTRAL PARK
1, LTD.**



Principal Place of Business

**5211 NW 110 AVENUE
CORAL SPRINGS FL 33076**

Mailing Address

**5211 NW 110 AVENUE
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

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

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

DATE

4-1-04

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

**900032748769
04/14/04 01042 021 **141.25**

DOCUMENT #
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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 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 #

4-1-04 954-345 6533

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

04 APR -1 AM 10:01



MOORE

CR2E003 (11/03)

4. FEI Number

65-0694411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

STAPLE CHECK HERE