


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

DOCUMENT # A96000000415	
1. Entity Name THE PIROFSKY FAMILY PARTNERSHIP CENTRAL PARK 1, 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 - No P.O. Box # 5211 NW 110 AVE	3. Mailing Address 5211 NW 110 Ave.
Suite, Apt. #, etc. House	Suite, Apt. #, etc. House
City & State Coral Springs FL	City & State Coral Springs FL
Zip 33076	Country Broward

FILED

2007 MAR 23 AM 11:07



1st MOORE CR2E003 (10/06)

4. FEI Number 65-0694411	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	900095218099
STREET ADDRESS	CORAL SPRINGS FL 33076		03/29/07--01019--004 **500.00
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	PIROFSKY, ELAINE	CITY - ST - ZIP	
NAME	5211 NW 110 AVENUE	STREET ADDRESS	
STREET ADDRESS	CORAL SPRINGS FL 33076	CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	

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* 3-20-07 954 345-6533

PLEASE CHECK HERE