2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # A96000000415

1. Entity Name

THE PIROFSKY FAMILY PARTNERSHIP CENTRAL PARK 1, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 31 PM 2:46

Principal Place of Business	Mailing Address
5211 NW 110 AVENUE HOUSE CORAL SPRINGS FL 33076	5211 NW 110 AVENUE HOUSE CORAL SPRINGS FL 33076

1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5211 N.W 110 Ave	5211 N.W. 110 Ave
Suite, Apt. #, etc.: House	Suite, Apt. #, etc.: House
City & State: Coral Springs	City & State: Coral Springs
Zip: 33076 FL. Country: Broward	Zip: 33076 Country: Broward

4. FEI Number 65-0694411 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIROFSKY, NORMAN 5211 NW 110 AVENUE CORAL SPRINGS FL 33076	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 Norman Pirofsky DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500. * After May 1, 2008, 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 # NAME: PIROFSKY, NORMAN STREET ADDRESS: 5211 NW 110 AVENUE CITY-ST-ZIP: CORAL SPRINGS FL 33076	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME: PIROFSKY, ELAINE STREET ADDRESS: 5211 NW 110 AVENUE CITY-ST-ZIP: CORAL SPRINGS FL 33076	STREET ADDRESS CITY-ST-ZIP
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03/27/08--01001--025 **500.00

STAPLE CHECK HERE

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 3-28-08 954-345-6533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #