

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)****DUE BY MAY 1, 2004****DOCUMENT # A96000000473**

1. Entity Name

THE PIROFSKY FAMILY PARTNERSHIP PETERS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -1 AM 10:01

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 NW 110 AVE

3. Mailing Address

5211 NW 110 AVE



MOORE

CR2E003 (11/03)

Suite, Apt. #, etc.

House

Suite, Apt. #, etc.

HOUSE

City &amp; State

Coral Springs FL

City &amp; State

Coral Springs FL

Zip

33076

Country

Broward

Zip

33076

Country

Broward

4. FEI Number

65-0694518

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

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

DATE

9. Capital Contributions

\$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 AVE.  
CORAL SPRINGS FL 33076DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PIROFSKY, ELAINE  
5211 NW 110 AVE.  
CORAL SPRINGS FL 33076DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
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

STAPLE CHECK HERE