

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A96000000473 1. Entity Name THE PIROFSKY FAMILY PARTNERSHIP PETERS, LTD.	
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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 5211 N.W 110 AVE Suite, Apt. #, etc. HOUSE City & State Coral Springs F.L. Zip 33076	3. Mailing Address 5211 N.W 110 Ave Suite, Apt. #, etc. HOUSE City & State Coral Springs Zip 33076
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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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 <u><i>Norman Pirofsky</i></u> DATE <u>April 1st 05</u> <small>Signature, typed or printed name of registered agent and fee if applicable</small>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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**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 AVE. CITY-ST-ZIP CORAL SPRINGS FL 33076	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME PIROFSKY, ELAINE STREET ADDRESS 5211 NW 110 AVE. CITY-ST-ZIP CORAL SPRINGS FL 33076	STREET ADDRESS CITY-ST-ZIP
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	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: <u><i>Norman Pirofsky</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	DATE: <u>April 1st 05</u>
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FILED
2005 APR -6 PM 4:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0694518	Applied For
	Not Applicable

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

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04/22/05--01010--008 **141.25

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