

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A96000000473	
1. Entity Name THE PIROFSKY FAMILY PARTNERSHIP PETERS, 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 5211 N.W. 110 Ave Suite, Apt. #, etc. House	3. Mailing Address 5211 N.W. 110 Ave Suite, Apt. #, etc. House
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City & State Coral Springs FL.	City & State Coral Springs FL.
Zip 33076	Country Broward

4. FEI Number 65-0694518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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: Norman Pirofsky DATE: 5-19-06

FILE NOW!!! Fee is \$500. * After May 1, 2006, 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 AVE.	CITY-ST-ZIP	
STREET ADDRESS	CORAL SPRINGS FL 33076		
CITY-ST-ZIP			
DOCUMENT #	PIROFSKY, ELAINE	STREET ADDRESS	900075019519
NAME	5211 NW 110 AVE.	CITY-ST-ZIP	05/22/06--01021--016 **500.00
STREET ADDRESS	CORAL SPRINGS FL 33076		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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 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 5-19-06 954-343-6533

FILED

06 MAY -1 AM 8:36



1st MOORE CR2E003 (10/05)

STAPLE CHECK HERE