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

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SIGNATURE: .

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FILED DOCUMENT # A96000000473 Mar 16, 2007 08:00 AM Secretary of State THE PIROFSKY FAMILY PARTNERSHIP PETERS, LTD. Principal Place of Business Mailing Address 5211 NW 110 AVENUE 5211 NW 110 AVENUE HOUSE HOUSE CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 Malling Address 2-Principal Place of Business - No P.O. Box # Suite, Apt #, etc 1st MOORE CR2E003 (10/06) t005C 0000 City & States Applied For 65-0694518 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Krowarc roward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIROFSKY, NORMAN 5211 NW 110 AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33076** City 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 agont 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13, DOCUMENT A STREET ADDRESS NAME PIROFSKY, NORMAN SHIELI ADDRESS 5211 NW 110 AVE. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 U00000670574 DOCUMENT # 03/27/07-00111-021 500.00 STREET ADDRESS MANIF PIROFSKY, ELAINE STREET ADDRESS 5211 NW 110 AVE. CITY-ST ZIP CITY ST-ZIP CORAL SPRINGS FL 33076 DOCUMENT + STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY - ST - 7IP OCCUMENT # STREET ADDRESS MAME STREET ADDRESS CUTY - ST - ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP DOCUMENT # STREET I ADDRESS NAME STREET ADDRESS CITY ST AP CITY - ST - 7IP 14. I horeby contily that the information supplied with this filling 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 offect as if made under eath; 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