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

DOCUMENT # A96000000473

1. Entity Name

THE PIROFSKY FAMILY PARTNERSHIP PETERS, 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

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 FL / Country: Broward

1st MOORE CR2E003 (10/07)

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: Norman Pirofsky — Signature, typed or printed name of registered agent and title, if applicable — DATE: 3-28-08

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 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: 500121412355 03/27/08--01001--027 **500.00 CITY-ST-ZIP:
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS: CITY-ST-ZIP:
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS: CITY-ST-ZIP:
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS: CITY-ST-ZIP:

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