


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

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000336</b>	
1. Entity Name <b>SZOKE FAMILY LIMITED PARTNERSHIP #1 LTD.</b>	

Principal Place of Business <b>5200 N. OCEAN BLVD., APT. #1605 FT. LAUDERDALE FL 33308</b>	Mailing Address <b>5200 N. OCEAN BLVD., APT. #1605 FT. LAUDERDALE FL 33308</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent  <b>PEPPER, GERALD M CPA GERALD M. PEPPER &amp; ASSOCIATES 1515 UNIVERSITY DRIVE, STE. 114 CORAL SPRINGS FL 33071</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 #		STREET ADDRESS	
NAME	<b>ANDREW SZOKE AS TRUSTEE OF THE ANDREW SZOK</b>	CITY-ST-ZIP	<b>000000425801 02/20/06-80018-002 500.00</b>
STREET ADDRESS	<b>5200 N, OCEAN BLVD., APT. 1605</b>		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>GABRIELLA SZOKE AS TRUSTEE OF THE GABRIELL</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>5200 N. OCEAN BLVD., APT. 1605</b>		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>		
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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:** Andrew Szoke **Andrew Szoke** **2-6-06** **954 491-089**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #