


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

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # A98000000336 1. Entity Name SZOKE FAMILY LIMITED PARTNERSHIP #1 LTD.	
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Principal Place of Business 5200 N. OCEAN BLVD., APT. #1605 FT. LAUDERDALE FL 33308	Mailing Address 5200 N. OCEAN BLVD., APT. #1605 FT. LAUDERDALE FL 33308
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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PEPPER, GERALD M CPA GERALD M. PEPPER & ASSOCIATES 1515 UNIVERSITY DRIVE, STE. 114 CORAL SPRINGS FL 33071	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 _____ DATE _____
Signature, typed or printed name of registered agent 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	ANDREW SZOKE AS TRUSTEE OF THE ANDREW SZOK	CITY ST ZIP	
CITY ST ZIP	5200 N. OCEAN BLVD., APT. 1605		
	FT. LAUDERDALE FL 33308		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	GABRIELLA SZOKE AS TRUSTEE OF THE GABRIELL	CITY ST ZIP	
CITY ST ZIP	5200 N. OCEAN BLVD., APT. 1605		
	FT. LAUDERDALE FL 33308		
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STREET ADDRESS		CITY ST ZIP	
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: Andrew Szoke Andrew Szoke 1-19-2007 954 491-0892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE



1st MOORE CR2E003 (10/06)
4. FEI Number **65-0811040** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required