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

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000000336

1. Entity Name

SZOKE FAMILY LIMITED PARTNERSHIP #1 LTD.

Principal Place of Business	Mailing Address
5200 N. OCEAN BLVD., APT. #1605 FT. LAUDERDALE FL 33308	5200 N. OCEAN BLVD., APT. #1605 FT. LAUDERDALE FL 33308

1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0811040 ☐ 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
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, 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 #		STREET ADDRESS	
NAME	ANDREW SZOKE AS TRUSTEE OF THE ANDREW SZOK		
STREET ADDRESS	5200 N, OCEAN BLVD., APT. 1605	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		
DOCUMENT #		STREET ADDRESS	U00000802633
NAME	GABRIELLA SZOKE AS TRUSTEE OF THE GABRIELL		
STREET ADDRESS	5200 N. OCEAN BLVD., APT. 1605	CITY-ST-ZIP	02/04/08-80007-010 500.00
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		
DOCUMENT #		STREET ADDRESS	
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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 1-25-08 954 491-0892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #