

**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 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E003 (10/07)
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 PEPPER, GERALD M CPA GERALD M. PEPPER & ASSOCIATES 1515 UNIVERSITY DRIVE, STE. 114 CORAL SPRINGS FL 33071	
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7. Name and Address of New Registered Agent	
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 _____ Signature, typed or printed name of registered agent and title if applicable	DATE _____

FILE NOW!!! Fee is \$500.* After May 1, 2008, fee will be \$900.*** Make check payable to Florida Department of State.**

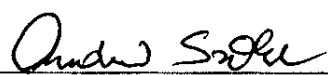
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	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	
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CITY-ST-ZIP			

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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 19, 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	
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SIGNATURE: 	Andrew Szoke	1-25-08 954 491-0892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #