

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Mar 26, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # A0400000756**

1. Entity Name  
**TAURUS PORTFOLIO INVESTMENT, LTD.**



Principal Place of Business: 1350 EAST NEWPORT CENTER DRIVE, SUITE 206, DEERFIELD BEACH, FL 33442  
Mailing Address: 1350 EAST NEWPORT CENTER DRIVE, SUITE 206, DEERFIELD BEACH, FL 33442

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-2050073</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

KAY LAW OFFICES  
C/O JAMES R. KAY, ESQ.  
700 VILLAGE SQUARE CROSSING, SUITE 102B  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE  
IN THIS SPACE**

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 \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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	
DOCUMENT #	P96000081676
NAME	TAURUS REALTY CORPORATION
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, SUITE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000680539  
04/04/07-80003-015 508.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Linda Kammof*  
**Linda Kammof**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-23-07 054 428-4585**  
Date Daytime Phone #

Date Daytime Phone #