
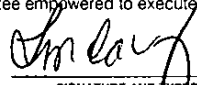


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

2005 APR 28 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | |
|---|---|---|--------------------------|---|
| DOCUMENT # A04000001882 | | | |  |
| 1. Entity Name FLATAUR CD93, 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent |
| KAY LAW OFFICES % JAMES R. KAY, ESQ. 700 VILLAGE SQUARE CROSSING, SUITE 102B PALM BEACH GARDENS, FL 33410 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | |
| 9. Capital Contributions as Shown on record. \$0.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | | |
| 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 # | M04000002701 | | STREET ADDRESS | |
| NAME | TAURUS SOUTHERN INVESTMENTS, LLC | | CITY-ST-ZIP | |
| STREET ADDRESS | 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 | | | |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 | | | |
| DOCUMENT # | | | STREET ADDRESS | |
| NAME | | | CITY-ST-ZIP | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
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| NAME | | | CITY-ST-ZIP | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Kassof 04/22/2005 (954)428-4585 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | <small>Date</small> | | <small>Daytime Phone #</small> |



03142005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
20-2736299 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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