

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0003784  
AV

DOCUMENT # A00000001381

1. Entity Name

TAURUS-FLORIDA CHALLENGER II, LTD.

02 MAY 22 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

4. FEI Number

65-1040270

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

AKERMAN, SENTERFITT & EIDSON, P.A.

ATTN: JAMES R. KAY, ESQUIRE

777 S. FLAGLER DR., STE. 900, EAST TOWER

WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

KAY, JAMES R.

Street Address (P.O. Box Number is Not Acceptable)

KAY LAW OFFICES

11505 FAIRCHILD GARDENS AVE., SUITE 203

City

PALM BEACH GARDENS

FL

Zip Code

33410

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$277,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P00000084528  
NAME TAURUS-FLORIDA CHALLENGER II, INC.  
STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE, SUITE 206  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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06/04/02 01041 017  
\*\*\*\*\*535.00 \*\*\*\*\*535.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)