2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	ΛΩΩΩΩ	001382
DOCUMENT #	AUUUUU	JUU I 302

1. Entity Name CHALLENGER TECHCENTER II, 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

FILED 2003 MAY 14 AM 8: 49

DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA



Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.			DUE BY MAY 1, 2003					
City & State		-	City & State			4. FEI Number	4. FEI Number 65-1040271 Applied For Not Applicable				
Zip		Country	Z	ip	Coun	try	5. Certificate of	5. Certificate of Status Desired			
	6. Name	and Address of C	urrent Regist	ered Agent	_, L	7. Name and Address of New Registered Agent					
LAV JAMPO D					Name						
KAY, JAMES R KAY LAW OFFICES			•	Street Address (P.O. Box Number is Not Acceptable)							
		ARDENS AVE., S	TE 203								
]		INS FL 33410	TE. 200								
TABLE DESCRIPTION OF THE COST				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 register	red anent and title if	anolicable		·		DA	TC		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$2,220,000.00 10. Amount of Capital Cointributions as Shown on record.											
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 PA	ARTNER INFO		13.	<u>,</u>	ADDRESS CHANGES ONLY				
DOCUMENT #	DOCUMENT / AQ0000001381 NAME TAURUS-FLORIDA CHALLENGER II, LTD. STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442			STRE	REET ADDRESS						
				CITY	-ST-ZIP						
DOCUMENT /	-	·			STRE	ET ADDRESS					
NAME STREET ADDRESS	1			·		<u> </u>	0F /1 /	100018942361 05/14/0301054017 ***535.00			
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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:

SIAPLE UPIEUN MERE

nda G. Kassof 03/31