

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 Chg-LP CR2E003 (10/03)

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # A02000000810 1. Entity Name TAURUS-FLORIDA CHALLENGER IV, LTD. | | | | | |
| Principal Place of Business 1350 EAST NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442 | | | Mailing Address 1350 EAST NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 86-1053756 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KAY LAW OFFICES ATTN: JAMES R. KAY, ESQ. 11505 FAIRCHILD GARDENS AVE., STE. 203 PALM BEACH GARDENS, FL 33410 | | | | 7. Name and Address of New Registered Agent Name JAMES R. KAY, ESQ. Street Address (P.O. Box Number is Not Acceptable) KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING, STE 102B 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. 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. \$234,500.00 | | 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 # | P02000063442 | | STREET ADDRESS | | |
| NAME | TAURUS -FLORIDA CHALLENGER IV, INC. | | CITY-ST-ZIP | 200036266682 05/13/04--01050--016 **535.00 | |
| STREET ADDRESS | 1350 EAST NEWPORT CENTER DR., STE. 206 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 | | CITY-ST-ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 G. KASSOF | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date 04/27/2004 Daytime Phone # (954) 428-4585 | | |

STAPLE CHECK HERE