2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

CHECK

CITY-ST-ZIP

SIGNATURE:

DOCUMENT # A02000000811 04 APR 30 PM 12: 28 CHALLENGER TECHCENTER IV, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 CR2E003 (10/03) Chq-LP Applied For City & State City & State 4. FEI Number 13-4206134 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired K) 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAMES R. KAY, ESQ. KAY LAW OFFICES Street Address (P.O. Box Number is Not Acceptable) KAY LAW OFFICES 11505 FAIRCHILD GARDENS AVENUE, STE 203 C/O JAMES KAY PALM BEACH GARDENS, FL 33410 700 VILLAGE SQUARE CROSSING, STE 102B City PALM BEACH GARDENS 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, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,641,500.00 in FLORIDA to date. 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 PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # A02000000810 STREET ADDRESS NAME TAURUS-FLORIDA CHALLENGER IV, LTD. STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH, FL 33442 8000362667 05/13/04--01050--017 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS ķγ NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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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

04/27/2004

Date

(954) 428-4585

LINDA G. KASSOF

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER