


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 10 PM 4:53

|   |   |
|---|---|
| <b>DOCUMENT # A07000000582</b>            |  |
| 1. Entity Name<br>TAURUS ONE DEERWOOD, LP |   |

|   |   |
|---|---|
| Principal Place of Business<br>1350 EAST NEWPORT CENTER DRIVE, STE 206<br>DEERFIELD BEACH, FL 33442 | Mailing Address<br>1350 EAST NEWPORT CENTER DRIVE, STE 206<br>DEERFIELD BEACH, FL 33442 |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



01072008 Chg-LP CR2E003 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-8783711 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|  |                                |
|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>TAURUS STORNOWAY INVESTMENTS, LLC<br>1350 E. NEWPORT CENTER DRIVE, STE 206<br>DEERFIELD BEACH, FL 33442 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | A07000000581<br>TOD GP, LP<br>1350 EAST NEWPORT CENTER DRIVE, STE 206<br>DEERFIELD BEACH, FL 33442 | STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP | 800120876748<br>03/21/08--01006--006 **508.75 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |   |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **18, Feb. 2008** 954-426-4585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE