

# 2002 UNIFORM BUSINESS REPORT (UBR)

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AV

**DOCUMENT # A20872**

1. Entity Name  
**TAURUS BUSINESS CENTER LIMITED**

Principal Place of Business: **1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH FL 33442**

Mailing Address: **P.O. BOX 4219 DEERFIELD BEACH FL 33442-4219**

**FILED**  
**02 APR 30 PM 4:20**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **59-2783389** 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  
**TAURUS DEVELOPMENT TWO, INC.  
1350 E. NEWPORT CENTER DRIVE, SUITE 206  
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$900,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>M04118</b>	NAME <b>TAURUS DEVELOPMENT TWO</b>	STREET ADDRESS	
	STREET ADDRESS <b>1350 E. NEWPORT CENTER DRIVE, SUITE 206</b>	CITY-ST-ZIP	
	CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>		
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**\*\*\*\*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]* **TAURUS DEVELOPMENT TWO** *[Signature]* **ASSOC** *[Signature]* **4/25/02 954-428-4088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)