

# 2002 UNIFORM BUSINESS REPORT (UBR)

003967  
AV

**DOCUMENT # A20872**  
 1. Entity Name  
**TAURUS BUSINESS CENTER LIMITED**

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

**MJH**



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

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

**DUE BY MAY 1, 2002**  
 4. FEI Number: 59-2783389  
 Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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	
DOCUMENT #	<b>M04118</b>
NAME	<b>TAURUS DEVELOPMENT TWO</b>
STREET ADDRESS	<b>1350 E. NEWPORT CENTER DRIVE, SUITE 206</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800005503418--7</b>
CITY-ST-ZIP	<b>-05/10/02--01070--018</b>
	<b>****535.00 ****535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** *[Signature]* **TAURUS DEVELOPMENT TWO** *[Signature]* **ASSOC** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date: *4/25/02* Daytime Phone #: *954-428-4088*

CR2E003 (9/01)