## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity. Name  TAURUS BUSINESS CENTER LIMITED			FILED
			02 APR 30 PH 4: 20
	·		OZ AFR SO TATE
Principal Place of Business  1350 E. NEWPORT CENTER DRIVE, SUITE 206	Mailing Address P.O. BOX 4219		SECRETARY OF STATE  SECRETARY OF STATE  TALLAHASSEE FLORIDA
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL		33442-4219	MJH
Principal Place of Business     3. Mailing Address			T TERROR AND STORE FROM THE PROPERTY OF THE PR
Suite, Apt. #, etc. Suite, Apt. #, etc.		- <u> </u>	DUE BY MAY 1, 2002
City & State City & State			4. FEI Number Applied For Not Applied For Not Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current I	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
TAURUS DEVELOPMENT TWO, INC. 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH FL 33442		Name	
		Street Addres	s (P.O. Box Number is Not Acceptable)
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A - T-	· · · · · · · · · · · · · · · · · · ·	City	FL Zip Code
8. The above named entity submits this statement for	the purpose of changing it	ts registered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	nd title if applicable.		DATE
9. Capital Contributions as Shown on record. \$900,000.00	Shown on record.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS E Y NOT be changed on	NTITY MUST BE REGI the form; an amendm	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
DOCUMENT / MO4118  NAME TAURUS DEVELOPMENT TWO  STREET ADDRESS 1350 E. NEWPORT CENTER DRIVE, SUITE 206		13.	ADDRESS CHANGES ONLY
		STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	/E, SUITE 206	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	8000055034187 -05/10/0201070016
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	****535.00 ****535.00
DOCUMENT # NAME		STREET ADDRESS	
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # 15 NAME		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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Dat			