


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
**1350 E. NEWPORT CENTER DRIVE, SUITE 206**      **P.O. BOX 4219**  
**DEERFIELD BEACH, FL 33442**      **DEERFIELD BEACH, FL 33442-4219**



2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.      Suite, Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country

04262004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
**59-2783389**      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. 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.

9. Capital Contributions as Shown on record.      \$900,000.00      10. Amount of Capital Contributions in FLORIDA to date.

**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 #	M04118	STREET ADDRESS	
NAME	TAURUS DEVELOPMENT TWO	CITY - ST - ZIP	400000150651 05/07/04-80030-012 535.00
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, SUITE 206		
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		
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CITY - ST - ZIP			

STAPLE CHECK HERE

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: *Linda G. Kassof*      LINDA G. KASSOF      04/27/2004      (954) 428-4585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #