
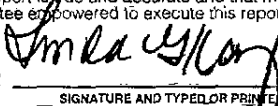


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
May 06, 2005 08:00 AM  
Secretary of State**

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record: \$900,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M04118		STREET ADDRESS		
NAME	TAURUS DEVELOPMENT TWO		CITY-ST-ZIP		
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, SUITE 206				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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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: 			Linda G. Kassof 04/22/2005 (954) 428-4585		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



03142005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2783389 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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