


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # A20872 1. Entity Name TAURUS BUSINESS CENTER LIMITED	
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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
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04212006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2783389	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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.

U00000543316
05/10/06-80131-017 508.75

SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

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

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	04/27/2006	(954) 428-4585
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE