

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A20872



FILED

03 MAY -9 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

4. FEI Number **59-2783389**

Applied For
Not Applicable

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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 _____
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 FL. 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

500018684915

05/09/03--01097--005 **\$35.00

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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* **SIGNATURE REQUIRED** *Linda G. Kassof* 03/31/2003 954-428-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE