

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004028 AV

**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 #  
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STREET ADDRESS  
CITY-ST-ZIP

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**500018684915**  
**05/09/03--01097--005 \*\*\$35.00**

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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