2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

FILED May 05, 2005 08:00 AM Secretary of State

DOCUMENT # A30570 1. Entity Name ORLANDO TECHCENTER, LTD.					Secre	tary of State
Principal Place of Business C/O TAURUS INVESTMENT HOLDINGS, LLC 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442		Mailing Address C/O TAURUS INVESTMENT HOLDINGS, LLC 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442		3 (1901) 11 (1000) 2001 (1901) (1901) (1901) (1901)	(K BID)) 8186 8780 8180 8180 8180 8180 8180	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt #, etc		Suite, Apt. #, etc.		03142005 Chg-LP	CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0230996	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
KAY, JAMES R ESQ KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING., SUITE 102B PALM BEACH GARDENS, FL 33410				Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
the obligat	named entity submits this statement for ions of registered agent.		s register	ed office or register	ed agent, or both, in the State of F	lorida. I am familiar with, and accept
SIGNATURE Signature typed or printed name of registered open and title it applicable DATE						
9. Capital Co as Shown	ntributions #4.400.000.00	10. Amount of Capit in FLORIDA to o	butions			
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on t	NTITY M	UST BE REGIST i; an amendmen	ERED AND ACTIVE WITH TI t must be filed to change a g	HIS OFFICE. general partner.
12.	GENERAL PARTNER INFORMATION				ADDRESS CH	ANGES ONLY
DOCUMENT # NAME STREET ADDRESS	L97760 ORLANDO TECHCENTER, INC. 1350 EAST NEWPORT CENTER DR., ST. 206			EET ADDRESS	Limina	00000000
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		. CITY	- SI - ZIP	U00000362597 	
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			City	'-SI-ZIP		
DOCUMENT # NAME			SIR	EET ADDRESS		
STREET ADDRESS CITY+ST-ZIP			CITY	-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP		
DOCUMENT # NAME			STR	FET ADDRESS		
STREET ADDRESS CITY - ST - ZIP				r-ST-ZIP		
OOCUMENT # NAME			SIR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	-2IP			r - SI - 71P		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
14. I hereby of indicated the received	certify that the information supplied with on this report is true and accurate and yer or trustee empowered to execute the	this filing does not qualify for that my signature shall have is eport as required by Chap	or the exe the sam oter 620,	emption stated in Se le legal effect as if m Florida Statutes	ction 119.07(3)(i). Florida Statutes nade under oath, that I am a Gene	. I further certify that the information ral Partner of the limited partnership or

inda G. Kassof 04/22/2005 (954) 428-4