

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A30570

1. Entity Name
ORLANDO TECHCENTER, LTD.



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**



01042007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0230996

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAY, JAMES R ESQ
KAY LAW OFFICES
700 VILLAGE SQUARE CROSSING, SUITE 102B
PALM BEACH GARDENS, FL 33410**

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title is applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # **L97760**
NAME **ORLANDO TECHCENTER, INC.**
STREET ADDRESS **1350 EAST NEWPORT CENTER DR., ST. 206**
CITY-ST- ZIP **DEERFIELD BEACH, FL 33442**

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IN THIS SPACE**

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05/21/07-80029-009 508.75

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:

[Signature]

Linda Korman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-27-07 954428-4585

Date

Daytime Phone #

STAPLE CHECK HERE