

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 21, 2008 08:00 A
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



01072008 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 if applicable

000000834131
02/28/08-20040-013 508 75
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

18-Feb-2008 954-428-4588

STAPLE CHECK HERE