

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001079

1. Entity Name

FLATAUR I, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 6:24

Principal Place of Business
1400 EAST NEWPORT CENTER DRIVE, SUITE 209
DEERFIELD BEACH FL 33442

Mailing Address
1400 EAST NEWPORT CENTER DRIVE, SUITE 209
DEERFIELD BEACH FL 33442-7713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1350 E. Newport Center

3. Mailing Address
PO BOX 4219

Suite, Apt. #, etc.
Ste 206

Suite, Apt. #, etc.

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

4. FEI Number 06-1514267

Applied For
Not Applicable

Zip Country
33442 USA

Zip Country
33442-4219 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAY, JAMES R ESQ.
C/O AKERMAN, SENTERFIT & EIDSON, P.A.
777 SOUTH FLAGLER DR., STE. 900, EAST TWR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY - ST - ZIP	P97000069819 TAURUS - FLORIDA OPERATIONS, INC. 1400 EAST NEWPORT CENTER DRIVE, SUITE 209 DEERFIELD BEACH FL 33442	STREET ADDRESS CITY - ST - ZIP	1350 E. Newport Center Dr. Ste 206 Deerfield Beach, FL 33442
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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* **REQUIRED** Linda G. Kassof 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #