

2001 UNIFORM BUSINESS REPORT (UBR)

0008152 AF

DOCUMENT # A98000001079

1. Entity Name
FLATAUR I, LTD.

FILED

01 MAY 11 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1350 E. NEWPORT CENTER, SUITE 206
DEERFIELD BEACH FL 33442**

Mailing Address
**P.O. BOX 4219
DEERFIELD BEACH FL 33442-4219**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
06-1514267

Applied For
 Not Applicable

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

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

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 # **P97000069819**
NAME **TAURUS - FLORIDA OPERATIONS, INC.**
STREET ADDRESS **1350 E. NEWPORT CENTER, SUITE 206**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**500004420525--5
-06/14/01--01101--008
****535.00 ****535.00**

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CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-28-01 954-428-4588
Date Daytime Phone #

CP2E003 (11/00)