

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003822
AV

DOCUMENT # A98000001079

1. Entity Name

FLATAUR I, LTD.

02 APR 30 PM 6:18

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

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, SENTERFITT & EIDSON, P.A.

777 SOUTH FLAGLER DR., STE. 900, EAST TWR

WEST PALM BEACH FL 33401

Name

KAY, JAMES R.

Street Address (P.O. Box Number is Not Acceptable)

KAY LAW OFFICES

11505 FAIRCHILD GARDENS AVE. SUITE 203

City

PALM BEACH GARDENS

FL

Zip Code

33410

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

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

DATE

9. Capital Contributions

\$250,000.00

as Shown on record.

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

100005501451--7
-05/10/02--01005--002

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

****535.00 ****535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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:

Linda M. Kassor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-25-02

954-428-4585

CR2E003 (9/01)