

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED**

04 APR 30 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




04262004 Chg-LP CR2E003 (10/03)

4. FEI Number **06-1514267** Applied For  
Not Applicable

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

**DOCUMENT # A98000001079**  
1. Entity Name  
**FLATAUR I, LTD.**



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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**

**KAY, JAMES R ESQ.  
KAY LAW OFFICES  
11505 FAIRCHILD GARDENS AVE., STE. 203  
PALM BEACH GARDENS, FL 33410**

**7. Name and Address of New Registered Agent**

Name **KAY LAW OFFICES**

Street Address (P.O. Box Number is Not Acceptable)  
**c/o JAMES R. KAY, ESQUIRE**

**700 VILLAGE SQUARE CROSSING, STE 102B**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

10. Amount of Capital Contributions in FLORIDA to date.

**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	<b>P97000069819 TAURUS - FLORIDA OPERATIONS, INC. 1350 E. NEWPORT CENTER, SUITE 206 DEERFIELD BEACH, FL 33442</b>	STREET ADDRESS	<b>400036266174</b>
		CITY-ST-ZIP	<b>05/13/04--01050--001 **535.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	

ATTACHE CHECK HERE

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** **04/27/2004** **(954) 428-4585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #