

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004016 AV

**DOCUMENT # A98000001079**



1. Entity Name  
**FLATAUR I, LTD.**

FILED

03 MAY -9 AM 9:22

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.

**DUE BY MAY 1, 2003**

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

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. 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.

11. MAKE CHECK PAYABLE TO FL. 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	
DOCUMENT #	<b>P97000069819</b>
NAME	<b>TAURUS - FLORIDA OPERATIONS, INC.</b>
STREET ADDRESS	<b>1350 E. NEWPORT CENTER, SUITE 206</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500018685255</b>
CITY-ST-ZIP	<b>05/09/03--01097--017 **\$35.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 G. Kassof **SIGNATURE REQUIRED** Linda G. Kassof 03/31/2003 954 428 4585  
Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (10/02)