



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 NOV 24 AM 9:42 11/30 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Name of Limited Partnership MPOV2, LTD.		1a. DOCUMENT # A98000001328			
Mailing Address 1400 EAST NEWPORT CENTER DRIVE, SUITE 209 DEERFIELD BEACH FL 33442		Principal Office Address 1400 EAST NEWPORT CENTER DRIVE, SUITE 209 DEERFIELD BEACH FL 33442		3. Date Formed or Registered 05/28/1998	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 05-0842011	
Zip		Zip		7. Certificate of Status Desired	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent KAY, JAMES R ESQ. C/O AKERMAN, SENTERFITT & EIDSON, P.A. 777 SOUTH FLAGLER DR., STE.900, EAST TOWER WEST PALM BEACH FL 33401		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
TAURUS - FLORIDA OPERATIONS,		1400 EAST NEWPORT CEN		DEERFIELD BEACH FL 33	
				P97000069819	
				4000002706734--3 -12/09/98--01006--039 ****535.00 ****535.00	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE <u>Linda G. Kassor</u> DATE <u>11/18/98</u>					
Typed or Printed Name of General Partner Signing Form <u>LINDA G. KASSOR</u> Daytime Telephone Number <u>954-428-4585</u>					

CR2E003 (8/98)