2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A9800001328							,E)	Leeu
MPOV2, LTD.						ווס	SECRETAR VISION OF	Y OF STATES CORPORATIONS
	. 3						10 ADD 20	511 6 6 5
Principal Place of Business 1400 EAST NEWPORT CENTER DRIVE. SUITE 209 DEERFIELD BEACH FL 33442 Mailing Address 1400 EAST NEWPORT CENTER DRIVE. DEERFIELD BEACH FL 33442-7713				-			JU APK 28	PM 6: 36
2. Principal Place of Business 3. Mailing Address 1350 E. Newport Center PO BOX 4219					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PILL PELL BELL BELL	***************************************
Suite, Apt. #, etc. ; Suite, Apt. #, etc.						DO NOT WR	ITE IN THIS SPAC	CE
Suite 206 City & State City & State					4. FEI Number	05 00 100 1	4	Applied For
	eerfield Beach, FL Deerfield Beac					65-084201	E-2	Not Applicable
Zip 33442	Country	Country Zip Cou USA 33442-4219 US		•	5. Certificate o	f Status Desired		.75 Additional Required
JJ442	6. Name and Address of Current F				7. Name and A	ddress of New	Registered Age	nt
KAY, JAMES R ESQ.				Name				
C/O AKERMAN, SENTERFITT & EIDSON, P.A.				Street Address	s (P.O. Box Number	is Not Acceptabl	e)	
777 SOUTH FLAGLER DR., STE.900, EAST TOWER								
WEST PA	LM BEACH FL 33401			City	-w-		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 .	Signature, typed or printed name of registered agent ar	nd title if applicable (NOT	E Registere	d Agent signature requi	red when reinstating)		DATE	
9. Capital Co as Shown	on record.	10. Amount of Capit in FLORIDA to o	late.			SEE REVE	RSE SIDE FOR F	DEPT. OF STATE EE INFORMATION
	A GENERAL PARTNER TI NOTE: General Partners MA	HAT IS A BUSINESS EN I NOT be changed on t	ITITY M he form	UST BE REG! ; an amendme	STERED AND AC ent must be filed	to change a g	iis Office. Jeneral partne	r
12.	GENERAL PARTNER	INFORMATION	13.			ADDRESS CH	ANGES ONLY	
DOCUMENT# NAME	P9700069819 TAURUS - FLORIDA OPERATIONS, INC.			ET ADDRESS 1	350 E. Ne	wnort G	enter D	r. Ste 206
STREET ADDRESS	1400 EAST NEWPORT CENTER DRIVE, SUITE 209			Y-ST-ZIP				
DOCUMENT #	DEERFIELD DEACH FL 33442			<u>D</u>	<u>eerfield</u>	Beach, F	L 33442	
NAME			STRE	ET ADDRESS	- 10 - /			
STREET ADORESS CITY-ST-ZIP	, '		CITY	- ST- ZIP	17/	_ 룩[]]		
DOCUMENT#			STRE	ET ADDRESS		711		
STREET ADDRESS			СПУ	-ST-ZIP				
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NAME Street Address			CITY	-ST-ZIP		<u> </u>	35.00 **	<u>(米米)5.55。[-[</u>]
CITY-ST-ZIP								
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DOCUMENT# NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			СПУ	-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: REQUIRED Linda G. Kassof 4/27/00								
	SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING GENER	IAL PARTNE	н		Date	Daytım	e Phone #