2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUI	MENT # A9900	c mo	FILED REJARY OF STATE		
TAURUS-FLORIDA CHALLENGER, LTD.				เอเชียร์โ	ON OF CORPORATIONS
				—— .nn a	PR 28 PM 6: 25
Principal Place of Business 1400 EAST NEWPORT CENTER DRIVE, SUITE 209 DEERFIELD BEACH FL 33442 Mailing Address 1400 EAST NEWPORT CENTE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442					17 N. 20 141 0- 23
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2. Principal Place of Business 1350 E. Newport Center PO BOX 4219 Suite, Apt. #, etc. Suite, Apt. #, etc.)		NOT WRITE IN THIS SPACE
Ste. 206					
City & State Deerfi	eld Beach, FL	City & State Deerfield Beach, FL		4. FEI Number 65-09	925938 Applied For Not Applicable
33442	Country USA	Zip 33442-4219	Country USA	5. Certificate of Status	Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address	of New Registered Agent
KAY, JAMES R ESQ. C/O AKERMAN, SENTERFITT & EIDSON, P.A.				ne set Address (P.O. Box Number is Not Acceptable)	
				odress (P.O. Box Number is Not A	ссеркаре)
777 SOUTH FLAGLER DR., STE. 900, EAST TWR WEST PALM BEACH FL 33401			City		FL Zip Code
8. The above named entity submits this statement for the purpose of changing its register				registered agent, or both, in the S	
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. Capital Contributions as Shown on record. \$125,000.00 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		RESS CHANGES ONLY		
DOCUMENT#	P9900050143 TAURUS-FLORIDA CHALLENGER, INC.			1350 E. Newpor	t Center Dr. Ste 206
NAME STREET ADDRESS CITY+ST-ZIP	1400 EAST NEWPORT CENTER D DEERFIELD BEACH FL 33442		CTTY-ST-ZIP	Deerfield Beac	
DOCUMENT#			STREET ADDRESS	n.c.	
STREET ADDRESS			CITY-ST-ZIP	17/6 5	
DOCUMENT#			STREET ADDRESS		
NAME STREET ADDRESS	•		CITY-ST-ZIP		1032416215 05/05/0001097017
CITY-ST-ZIP DOCUMENT #			STREET ADDRESS		****\$35.00 ****\$535.00
NAME STREET ADDRESS			CITY-ST-ZBP		
CITY-ST-ZIP DOCUMÆNT#			-	<u> </u>	
NAME STREET ADDRESS			STREET ADDRESS		
CITY-		<u></u>	CITY-ST-ZIP		
NAME CONTENT ADDRESS	500		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Desyline Phone #					
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