

2001 UNIFORM BUSINESS REPORT (UBR)

0008161 AF

DOCUMENT # A99000000914

1. Entity Name
TAURUS-FLORIDA CHALLENGER, LTD.

FILED

01 MAY -2 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1350 EAST NEWPORT CENTER, SUITE 206
DEERFIELD BEACH FL 33442**

Mailing Address
**P.O. BOX 4219
DEERFIELD BEACH FL 3342-4219**

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

4. FEI Number **65-0925938**

Applied For
Not Applicable

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.
C/O AKERMAN, SENTERFIT & EIDSON, P.A.
777 SOUTH FLAGLER DR., STE. 900, EAST TWR
WEST PALM BEACH FL 33401**

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.

SIGNATURE _____ (NOT : Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000050143**
NAME **TAURUS-FLORIDA CHALLENGER, INC.**
STREET ADDRESS **1350 EAST NEWPORT CENTER, SUITE 206**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

STREET ADDRESS
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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: *James R Kay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **5/30/01** Daytime Phone # **954-426-4515**

CR2E003 (11/00)