2000) UNIF	ORM BUSI	NESS REPO)RT (UBF	₹} _
DOCUI	MENT #	# A9900	0000915		CONTANA OF STAFF
CHALLENGER TECHCENTER, LTD.					SECRETARY OF STATE OLVISION OF CORPORATIONS
Principal Place	o of Business		Mailing Address		00 APR 28 PM 6: 31
1400 EAST NEWPORT CENTER DRIVE. SUITE 209 1400 EAST NEWPORT			1400 EAST NEWPORT CE DEERFIELD BEACH FL 3		, , , , , , , , , , , , , , , , , , ,
•	Place of Busines	•	3. Mailing Address		
1350 E. Newport Center PO BOX 421 Suite, Apt. #, etc. Suite, Apt. #, etc.			PO BOX 4219		DO NOT WRITE IN THIS SPACE
Suite, Apt.			Suite, Apr. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	e ·		City & State		4. FEI Number Applied For
Deer fi	eld Bea	Country	Deerfield Be	Country	65-0926/78 Not Applicable \$8.75 Additional
33442		USA	33442-4219	Country	5. Certificate of Status Desired Fee Required
	6. Name a	nd Address of Current F	legistered Agent	Name	7. Name and Address of New Registered Agent
KAY, JAM	IES R ESQ.	,			(0.0.0.1)
C/O AKERMAN, SENTERFITT & EIDSON, P.A.				Street A	ddress (P.O. Box Number is Not Acceptable)
		DR., STE. 900, EAST	TWR		
WEST PAI	LM BEACH F	L 33401		City	FL Zip Code
8. The above	named entity s	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 a	nd title if applicable. (NOT	E Registered Agent signati	ure required when reinstating) DATE
9. Capital Contributions as Shown on record. \$1,000,000.00 10. Amount of Capital in FLORIDA to date.			10. Amount of Capit		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
as showing	A GI	ENERAL PARTNER T	HAT IS A BUSINESS EN	TITY MUST BE I	REGISTERED AND ACTIVE WITH THIS OFFICE.
	NOTE:	General Partners MA	Y NOT be changed on t	he form; an ame	andment must be filed to change a general partner. ADDRESS CHANGES ONLY
12.	A99000000	GENERAL PARTNER 914	INFORMATION	13.	ADDRESS CHANGES ONLI
NAME	TAURUS-FL	ORIDA CHALLENGER,		STREET ADORESS	1350 E. Newport Center Dr. Ste 206
STREET ADDRESS CITY+ST-ZEP		NEWPORT CENTER D BEACH FL 33442)RIVE, SUITE 209	CITY-ST-ZIP	Deerfield Beach, FL 33442
DOCUMENT#		·		STREET ADDRESS	
NAME Street Address City-St-21P				1	
	1			CITY-ST-ZIP	BK 61
DOCUMENT#				CITY - ST - ZIP STREET ADDRESS	5000032415364
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP					6000032415364 -05/05/0001037004 ****535.00 ****535.00
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT#				STREET ADDRESS	-05/05/0001097004
NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY-ST-ZIP	-05/05/0001097004
NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT #				STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	-05/05/0001097004
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	-05/05/0001097004
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #				STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	-05/05/0001097004
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	-05/05/0001097004
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 14. I hereby coincide stand	ertify that the i	nformation supplied with s true and accurate and	this filing does not qualify fo that my signature shall have s report as required by Chap	STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP or the exemption state the same length effects	-05/05/000103/004 ****\$35.00 ****\$535.00

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #