


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**


DOCUMENT # A99000000915		
1. Entity Name CHALLENGER TECHCENTER, LTD.		

Principal Place of Business 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442	Mailing Address P.O. BOX 4219 DEERFIELD BEACH, FL 33442-4219
---	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

**FILED**  
04 APR 30 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0926178	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAY, JAMES R ESQ. KAY LAW OFFICES 11505 FAIRCHILD GARDENS AVE., STE. 203 PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name: JAMES R. KAY, ESQ. Street Address (P.O. Box Number is Not Acceptable): KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING, STE 102B City: PALM BEACH GARDENS, FL Zip Code: 33410
---	---

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
---	---

**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 #	A99000000914	STREET ADDRESS	
NAME	TAURUS-FLORIDA CHALLENGER, LTD.	CITY-ST-ZIP	500036266325
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, SUITE 206		05/13/04--01050--004 **535.00
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: 	LINDA G. KASSOF	04/27/2004	(954) 428-4585
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE