

2001 UNIFORM BUSINESS REPORT (UBR)

0008155 AF

DOCUMENT #	A99000001602
1. Entity Name	
FLATAUR II, LTD.	

Principal Place of Business	Mailing Address
1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH FL 33442	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

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2001 MAY 11 PM 4:27
DIVISION OF CORPORATIONS
FLORIDA
DO NOT WRITE IN THIS SPACE

4. FEI Number	56-0953587	Applied For
		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
☒		
6. Name and Address of Current Registered Agent		
KAY, JAMES R ESQ. C/O AKERMAN, SENTERFITT & EIDSON, P.A. 777 SOUTH FLAGLER DR., STE. 900, EAST TOWER WEST PALM BEACH FL 33401		
7. Name and Address of New Registered Agent		
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 _____ 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.	\$80,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P97000069819	STREET ADDRESS	
NAME	TAURUS - FLORIDA OPERATIONS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, SUITE 206		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
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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: *SENDERFITT & EIDSON, P.A. KASSUP* **4-26-01** **954-428-485**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)