


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001602

1. Entity Name
FLATAUR II, 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	Zip	Country



03142005 Chg-LP CR2E003 (10/03)

4. FEI Number
56-0953587

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAY, JAMES R ESQ. KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING., SUITE 102B PALM BEACH GARDENS, FL 33410		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. 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 as Shown on record. \$80,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	NAME TAURUS - FLORIDA OPERATIONS, INC.	STREET ADDRESS	
STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE, SUITE 206	CITY-ST-ZIP DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	U00000362769
STREET ADDRESS		CITY-ST-ZIP	05/05/05-80129-027 535.00
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	

STAPLE CHECK HERE

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* **Linda G. Kassof** **04/22/2005** **(954) 428-4585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #