2006 LIMITED PARTNERSHIP ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

Due By May 1, 2006

1. Entity Name FLATAUR II, LTD.

May 01, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1350 EAST NEWPORT CENTER DRIVE, SUITE 206

DOCUMENT # A9900001602

P.O. BOX 4219

DEERFIELD BEACH, FL 33442

DEERFIELD BEACH, FL 33442-4219



04212006 No Chg-LP

CR2E003 (11/05)

FILED

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. KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING., SUITE 102B PALM BEACH GARDENS, FL 33410

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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent	in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and side if applicable	DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

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.

1			
	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT #	P97000069819	
	NAME	TAURUS - FLORIDA OPERATIONS, INC.	
	SIRLET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, SUITE 206	
	CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 become this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Guenther Reibling

04/27/2006

(954) 428-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #