

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 28 AM 8:37

DOCUMENT # B02000000300

1. Entity Name
TAUER CONSTRUCTION I LIMITED PARTNERSHIP



Principal Place of Business
2001 BRYAN STREET, SUITE 3700
DALLAS, TX 75201

Mailing Address
6400 CONGRESS AVE STE. 2100
BOCA RATON, FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

11-3651749

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$0.00

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

DOCUMENT # F02000004686
NAME TAUER CONSTRUCTION, INC.
STREET ADDRESS 2001 BRYAN STREET, SUITE 3700
CITY-ST-ZIP DALLAS, TX 75201

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

70004988667
04/05/05--01012--014 **141.25

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:

Assistant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2.14.05

561-998-4451

Date

Daytime Phone #

STAPLE CHECK HERE