


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000033347
1. Entity Name
TAURUS TAMPA BAY, LLC



Principal Place of Business Mailing Address
**1350 E. NEWPORT CENTER DRIVE, STE. 206
DEERFIELD BEACH, FL 33442** **1350 E. NEWPORT CENTER DRIVE, STE. 206
DEERFIELD BEACH, FL 33442**

DO NOT WRITE IN THIS SPACE



04212006 No Chg-LLC CR2E083 (1/05)

4. FEI Number 20-1145735	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**KAY, JAMES R ESQ
KAY LAW OFFICES
700 VILLAGE SQUARE CROSSING, STE. 102B
PALM BEACH GARDENS, FL 33410**

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IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

000000540489
05/10/06-80020-001 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REIBLING, LORENZ 118 MILK STREET BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REIBLING, GUENTHER 1350 E. NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERRIGAN, PETER 118 MILK STREET BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TULLY, SCOTT 118 MILK STREET BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASSOF, LINDA 1350 E. NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERMAN, WILLIAM 1350 E. NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Linda G. Kassof** 04/27/2006 (954) 428-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #