


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000033347 1. Entity Name TAURUS TAMPA BAY, LLC	
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Principal Place of Business 1350 E. NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442	Mailing Address 1350 E. NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442
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01042007No Chg-LLC CR2E083 (11/05)

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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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, 2007**

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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 04/03/07-80020-013 55.00

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 Kassof Date: 3-23-07 Daytime Phone #: 954 428-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE