

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # M03000001498

1. Entity Name
TAURUS INVESTMENT HOLDINGS, LLC



Principal Place of Business

118 MILK STREET
BOSTON, MA 02109

Mailing Address

118 MILK STREET
BOSTON, MA 02109



01152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0528769

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAY LAW OFFICES
C/O JAMES R. KAY, ESQ.
700 VILLAGE SQUARE CROSSING, STE 102B
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000834648
02/28/08-80061-017 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REIBLING, LORENZ
STREET ADDRESS	118 MILK STREET
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	MGR
NAME	REIBLING, GUENTHER
STREET ADDRESS	118 MILK STREET
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	MGR
NAME	MERRIGAN, PETER
STREET ADDRESS	118 MILK STREET
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	MGR
NAME	KASSOF, LINDA
STREET ADDRESS	118 MILK STREET
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

18-Feb-2008 954-428-4585