


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M04000002701 1. Entity Name TAURUS SOUTHERN INVESTMENTS, LLC	
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Principal Place of Business 1350 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442	Mailing Address 1350 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE



01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0542965	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**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

**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 EAST NEWPORT CENTER DRIVE 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 KASSOF, LINDA 1350 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/03/07-80020-012 55.00

**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] *Linda Kassof*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-23-07 *954 428-4585*