

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # M05000002706**

1. Entity Name  
**TAURUS INVESTMENT SERVICES, LLC**



Principal Place of Business

**118 MILK STREET  
BOSTON, MA 02109**

Mailing Address

**118 MILK STREET  
BOSTON, MA 02109**

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-2794555**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KAY, JAMES R ESQ.  
KAY LAW OFFICES  
700 VILLAGE SQUARE CROSSING SUITE 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 reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	REIBLING, GUENTHER
STREET ADDRESS	118 MILK STREET
CITY- ST- ZIP	BOSTON, MA 02109
TITLE	MGRM
NAME	REIBLING, LORENZ
STREET ADDRESS	118 MILK STREET
CITY- ST- ZIP	BOSTON, MA 02109
TITLE	MGRM
NAME	KASSOF, LINDA
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE #206
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000678895  
04/03/07-80020-018 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Linda Kassof*  
**Linda Kassof**

*3-23-07*  
**3-23-07**

Date

*954 428-4585*  
**954 428-4585**

Daytime Phone #