


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M93000000005
TAURUS ADVISORY GROUP, L.L.C., L.C. 2 LANDMARK SQUARE, SUITE 211 STAMFORD CT 06901	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.	

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
97 JAN 31 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address
2 LANDMARK SQUARE, SUITE 211 STAMFORD CT 06901

3. Date Organized or Qualified	3a. State of Formation
11/03/1993	DE
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
06-1376173	
5. Date of Last Report	6. Certificate of Status Desired
02/12/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
TROP, MICHAEL L ESQ % ATLAS PEARLMAN TROP & BORKSON, P.A. 200 EAST LAS OLAS BLVD FT LAUDERDALE FL 33301

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____	DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)	

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	TAGLIAFERRI, JAMES S	2 LANDMARK SQUARE, SUITE 2	STAMFORD CT
MGR	CORNELL, PATRICIA J	2 LANDMARK SQUARE, SUITE 2	STAMFORD CT

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****203.75 ****203.75

Patricia J. Cornell
1/31/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: <i>Patricia J. Cornell</i>	1-28-97	203 977-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER	Date	Daytime Phone #