



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company TAURUS ADVISORY GROUP, L.L.C., L.C. 2 LANDMARK SQUARE, SUITE 211 STAMFORD CT 06901		DOCUMENT # M93000000005		1a. Principal Place of Business Address 2 LANDMARK SQUARE, SUITE 211 STAMFORD CT 06901	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 11/03/1993 4. FEI Number 06-1376173 5. Date of Last Report 01/31/1997	
3a. State of Formation DE <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired SB 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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 400002482564 - - 4 -04/08/98--01061--003 City FL 33301 Zip Code 33301 ****188.75 ****188.75			
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 3/30/98			
(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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/30/98 (23) 977-7677