

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026453 AI

DOCUMENT # M930000000005

1. Entity Name

TAURUS ADVISORY GROUP, L.L.C., L.C.

**FILED**  
**Jun 01, 2001 8:00 A.M**  
**Secretary of State**

Principal Place of Business

2 LANDMARK SQUARE, SUITE 211  
STAMFORD CT 06901.

Mailing Address

2 LANDMARK SQUARE, SUITE 211  
STAMFORD CT 06901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1376173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROP, MICHAEL L ESQ

% ATLAS PEARLMAN TROP & BORKSON, P.A.

200 EAST LAS OLAS BLVD

FT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TAGLIAFERRI, JAMES S  
2 LANDMARK SQUARE, SUITE 211  
STAMFORD CT 06901 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CORNELL, PATRICIA J  
2 LANDMARK SQUARE, SUITE 211  
STAMFORD CT 06901 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600004420146-3  
-06/14/01--01074--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
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11. I 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/30/01 (203) 977-7676

Date Daytime Phone #

CR2E083 (11/00)