2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000332

City-St-Zip:

MGR

Title:

Name:

Address:

City-St-Zip:

Entity Name: TAURUS INVESTMENT GROUP, LLC

DEERFIELD BEACH, FL 33442 US

() Delete

1560 ORANGE AVENUE, SUITE 410

MCFADDEN, JEFFREY K

WINTER PARK, FL 32789 US

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1350 E NEWPORT CENTER DRIVE, SUITE 206 1350 E NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 SUITE 206 DEERFIELD BEACH, FL 33442 **Current Mailing Address: New Mailing Address:** P.O. BOX 4219 1350 E NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 334424219 US SUITE 206 DEERFIELD BEACH, FL 33442 FEI Number: 65-0827898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: REIBLING, GUENTHER REIBLING, GUENTHER 1350 E NÉWPORT CENTER DRIVE, SUITE 206 1350 E NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 SUITE 206 DEERFIELD BEACH, FL 33442 US 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: 04/08/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete REIBLING, GUENTHER Name: Name: 1350 E NEWPORT CENTER DRIVE, SUITE 206 Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 US City-St-Zip: Title: MGR () Delete Title: (X) Change () Addition MGR REIBLING, LORENZ Name: REIBLING, LORENZ Name: Address: 1350 E NEWPORT CENTER DRIVE, SUITE 206 Address: 22 BATTERYMARCH STREET City-St-Zip: DEERFIELD BEACH, FL 33442 US City-St-Zip: BOSTON, MA 02109 US Title: MGR () Delete Title: () Change () Addition KASSOF, LINDA G Name: Name: 1350 E NEWPORT CENTER DRIVE, SUITE 206 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA KASSOF MGR 04/08/2009