

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000000537

1. Entity Name
CONCORD RETAIL ASSOCIATES, L.L.C.



FILED
04 MAR 25 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR

Principal Place of Business

28 STATE STREET
C/O TA ASSOCIATES REALTY
BOSTON, MA 02109

Mailing Address

28 STATE STREET
C/O TA ASSOCIATES REALTY
BOSTON, MA 02109



02202004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1517733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Filing Fee is \$50.00
Due by May 1, 2004

300031188063

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM THE REALTY ASSOCIATES FUND IV, L.P. C/O TA ASSOCIATES REALTY, 28 STATE ST. BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUANE, MICHAEL A 28 STATE STREET BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Michael Ruane* Michael Ruane, Manager 3/14/04 617 476 2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY™

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ACCOUNT NO. : 072100000032

REFERENCE : 520528 4304937

Patricia Piquero

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : March 24, 2004

ORDER TIME : 11:54 AM

ORDER NO. : 520528-025

CUSTOMER NO: 4304937

BN

CUSTOMER: Anne T. Leland, Legal Asst
Mintz, Levin, Cohn, Ferris,
One Financial Center

Boston, MA 02111

ANNUAL REPORT FILING

NAME: CONCORD RETAIL ASSOCIATES,
L.L.C.

RECEIVED
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TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____