2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000000537

1. Entity Name

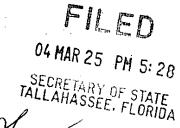
CONCORD RETAIL ASSOCIATES, L.L.C.



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)

4. FEI Number 06-1517733 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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	
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: Mere & Com

Michael Ruane, Manager

3/1/1/04

617 476 2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 50.00

ORDER DATE: March 24, 2004

ORDER TIME : 11:54 AM

ORDER NO. : 520528-025

CUSTOMER NO: 4304937

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.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: