


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 MAR 10 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000537 1. Entity Name CONCORD RETAIL ASSOCIATES, L.L.C.	
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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
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DO NOT WRITE IN THIS SPACE



02092005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1517733	Applied For <input type="checkbox"/> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

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	
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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 A. Ruane, Manager 2/28/05 617 476 2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY

M98000000537

ACCOUNT NO. : 072100000032

REFERENCE : 246634 4304937

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 50.00

ORDER DATE : March 8, 2005

ORDER TIME : 10:13 AM

ORDER NO. : 246634-075

CUSTOMER NO: 4304937

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

Boston, MA 02111

BK

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ANNUAL REPORT FILING

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

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____

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