

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M98000000537	
1. Entity Name CONCORD RETAIL ASSOCIATES, L.L.C.	



**FILED**  
07 JUN -5 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
BK

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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05242007No Chg-LLC      CR2E083 (11/05)

**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 \_\_\_\_\_ 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 September 14, 2007**

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
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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      May 24, 2007      617 476 2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #



CORPORATION SERVICE COMPANY

M 98000000537

ACCOUNT NO. : 072100000032

REFERENCE : 931208 4304937

AUTHORIZATION : *Sarah Lea*

COST LIMIT : 50.00

ORDER DATE : June 4, 2007

ORDER TIME : 3:14 PM

ORDER NO. : 931208-005

CUSTOMER NO: 4304937

FILED  
07 JUN -5 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

BK

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

RECEIVED  
07 JUN -5 PM 12:46  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: \_\_\_\_\_