2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# В98000000333. 👌 1. Entity Name FILED CONCORD-FUND IV RETAIL, L.P. MAY -1 PN 12: 28 Principal Place of Business Mailing Address SECRETARY OF STATE 28 STATE STREET 28 STATE STREET TALLAHASSEE, FLORIDA **BOSTON MA 02109** BOSTON MA 02109 2. Principal Place of Business 3. Mailing Address c/o TA Associates Realty c/o TA Associates Realty Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 28 State St., 10th Fl 28 State St., 10th F1 City & State City & State 4. FEI Number Applied For 06-1517736 Not Applicable Boston MA Boston MA Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 02109 02109 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: egistered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital 453,996 in FLORIDA to dat >. 7,920,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENT TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. CR2E003 (11/00) DOCUMENT # M98000000537 STREET ADDRESS CONCORD RETAIL ASSOCIATES, L.L.C. NAME 28 STATE STREET STREET ADDRESS CITY-ST-ZIP BOSTON MA 02109 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 200004288022-- -05/22/01--01113--003 DOCUMENT # STREET ADDRESS ****535**.**00 ****535.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes

By: Concord Retail Associates, L.L.C., gen'l partner, by: Realty Associates Fund IV LLC, gen'l partner; by: Realty Associates Advisors, manager, by: Realty Associates Advisors Trust, sole member

SIGNATURE:

By: Concord Retail Associates, L.L.C., gen'l partner; by: Realty Associates Advisors Trust, sole member

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By: Concord Retail Associates, L.L.C., gen'l partner; by: Realty Associates Advisors Trust, sole member

SIGNATURE:

By: Concord Retail Associates, L.L.C., gen'l partner; by: Realty Associates Advisors Trust, sole member

SIGNATURE:

Date: Dat

RINTED NAME OF SIGNING GENERAL | ARTNER