

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
 02 APR 29 PM 5:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B98000000333

1. Entity Name
CONCORD-FUND IV RETAIL, L.P.

Principal Place of Business C/O TA ASSOCIATES REALTY 28 STATE ST., 10TH FLOOR BOSTON MA 02109	Mailing Address C/O TA ASSOCIATES REALTY 28 STATE ST., 10TH FLOOR BOSTON MA 02109
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number **06-1517736**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$9,453,996.00	10. Amount of Capital Contributions in FLORIDA to date. 9,453,996	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY 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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M98000000537 CONCORD RETAIL ASSOCIATES, L.L.C. 28 STATE STREET BOSTON MA 02109
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	800005577748--8 -05/21/02--01041--025
CITY-ST-ZIP	***526.25 ***526.25
STREET ADDRESS	BK
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes **Concord Retail Associates, L.L.C. GP**

by The Realty Associates Fund, IV, L.P., sole member by Realty Associates Fund IV, LLC, GP by Realty Associates Advisors, MGR., by Realty Associates Advisors Trust, sole member

SIGNATURE: *[Signature]* Date: **4/23/02** Daytime Phone #: **607-476-2700**

CR2E003 (9/01)