F	PĻEAS E RE	(I) STP		E Ç	MPHETING THE	OF T			
LIMITED PARTNERSH REINSTATEME	RIP .	F DRI SEP Secretary DIVISION OF CO		ATE	03 DEC 25		5		
DOCUMENT # B9800000333 1. Name of Limited Partnership					SEORETARY OF S TALLAHASSER ES	O3 DEC 22 PM 5: 33 SECRETARY OF STATE ALLAHASSEE, FLORIDA			
Concord-Fund IV Retail, L.P.					DK -	PK TEORIDA			
2. Principal Office Address		3. Mailing Office Addres	ss		4. Date Formed or Registered To Do Business in Florida	-1 -11			
28 State Stre Suite, Apt. #, etc.	et, loth Fl.	Suite, Apt. #, etc.			To Do Business in Florida	5/28/1			
ound, riph in, inc.]	Suite, Apr. #, Cic.		1	06-1517736	Ţ	Applied For Not Applicable		
City & State Boston, MA		City & State			6. CERTIFICATE OF STATUS DESIRED		itional Fee required		
Zip (Country	Zip	Country		7a. Capital Contributions as shown on Record:				
02109	USA				9,453,996 7b. Ampunt of Capital Contributions	= ELORIDA to c			
· · · · · · · · · · · · · · · · · · ·	8. Name and Address of C	Current Registered Agen	ıt		9,453,496	2	ate: 		
Corporation Street Address (P.O. Box N. 1201 Hays St. Suite, Apt. #, Etc. City Tallahassee	Service Company Number is Not Acceptable) Creet	State	Zip Code 32301–252.	25	 FEES: Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. Penalty Fee(s): \$500 penalty fee for each year report form is due. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. 				
	s of sections 620,1051 and 620,19 ng its registered office or registers and accept the obligations of sect			was autho	ized or registered under the laws of the State norized by its general partner(s). I hereby acc	cept the appointme	ent of registered		
SIGNATURE (Registered Agent		1 TOO V			CF. V.P. DATE _	12-19-			
A GENERAL PA	ARTNER THAT ISMUST_!	BE REGISTERE	ON, LIMITED D AND ACTIV	PAR E W	RTNERSHIP OR OTHER (ITH THIS OFFICE.	BUSINES	S ENTITY		
10. Name(s) of Gener		Address of Each G (Do NOT Use Post Off	General Partner		City, State and Zip Code		Registration cument Number		
Concord Retai	il Associates,	JT.C					Bocument Normoei		
L.L.C.			28 State St., 10th F1.		ston, MA 02109	M98000000537			
	ENISTATE	EXENT 2	003		80002569	1458			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

11/3//03

Trustee of Member of Manager of GP of GP Realty Associates Advisors Trust

072100000032

REFERENCE :

368491

AUTHORIZATION

COST LIMIT : \$ 1026.25

ORDER DATE: December 19, 2003

ORDER TIME: 11:36 AM

ORDER NO. : 368491-010

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst

Mintz, Levin, Cohn, Ferris,

One Financial Center

Boston, MA 02111

REINSTATEMENT

NAME: CONCORD-FUND IV RETAIL. L.P.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING

_ CERTIFIED COPY _ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS