


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 04 MAR 26 AM 10:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

BK

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



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

02202004 Chg-LP CR2E003 (10/03)

4. FEI Number
 06-1517736

Applied For
 Not Applicable

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. 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.

9. Capital Contributions as Shown on record. **\$9,453,996.00**

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M98000000537	STREET ADDRESS	
NAME	CONCORD RETAIL ASSOCIATES, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	28 STATE STREET		
CITY-ST-ZIP	BOSTON, MA 02109		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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

SIGNATURE: *Michael Ruane* **Concord Retail Associates, L.L.C.**
 Michael Ruane, Manager 3/18/04 617 476 2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #



CORPORATION SERVICE COMPA

B98 0000003

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 520389 4304937
AUTHORIZATION : *Patricia Pizutto*
COST LIMIT : \$ 526.25

ORDER DATE : March 24, 2004
ORDER TIME : 12:28 PM
ORDER NO. : 520389-025
CUSTOMER NO: 4304937

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RECEIVED
MAR 26 PM 1:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CUSTOMER: Anne T. Leland, Legal Asst
Mintz, Levin, Cohn, Ferris,
One Financial Center
Boston, MA 02111

ANNUAL REPORT FILING

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

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____