2006 LIMITED RARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 06, 2006 08:00 AM

DOCUMENT # B9800000333 1. Entity Name CONCORD-FUND IV RETAIL, L.P.		Secretary	of State
Principal Flace of Business Malling Address C/O TA ASSOCIATES REALTY C/O TA ASSOCIATE 28 STATE ST., 10TH FLOOR 28 STATE ST., 10T BOSTON, MA 02109 BOSTON, MA 021	TH FLOOR		ETIK BENTA (KET KERE KINDU DI KER
DO NOT WRITE IN THIS	SPACE	02022008 No Chg-LP C	R2E003 (11/05)
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired	\$8.75 Additional Fee Required
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRI IN THIS SPAI	and the state of t
The above named entity submits this statement for the purpose of changing the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and strait applicable.	ig its registered office or register	U00900	·
FILE NOW!!! FEE IS \$500.0 After May 1, 2006, Fee will be \$ A GENERAL PARTNER THAT IS A BUSINESS NOTE: General Partners MAY NOT be changed or	900.00 ENTITY MUST BE REGIST	TERED AND ACTIVE WITH THIS OF	APPLY 010 SULL
12. GENERAL PARTNER INFORMATION COCUMENT / M98000000537 KAME CONCORD RETAIL ASSOCIATES, L.L.C. STREET ADDRESS 28 STATE STREET GIT-ST-ZIP BOSTON, MA 02109			Parties.
DECUMENT # NAME STREET ADDRESS CITY-ST-ZIP	The second secon		
COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRIT	E
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
DOCUMENT # NAME STREET ADDRESS CRIT-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP		DO NOT WRITER AND	
14. I hereby certify that the information supplied with this filling does not qualindicated on this report is true and accurate and that my signature shall he or the receiver or trustee empowered to execute this report as required by Concord Realty Associates LLC, General Partner	Chapter 620, Florida Statutes	d in Chapter 119, Florida Statutes. I furthe ade under oath; that I am a General Part	or certify that the information ner of the fimiled partnership
SIGNATURE: Michael Ruane, Manager W. SIGNATURE AND TYPED OR PRINTED NAME OF STOMMO OF	has de	3/2:	/06 617-476-2700 Daytime Phone #