


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000004974</b>	
1. Entity Name TCB SHADOW RUN LLC	

Principal Place of Business 95 BERKELEY STREET, 5TH FL BOSTON, MA 02116-6240	Mailing Address 95 BERKELEY STREET, 5TH FL BOSTON, MA 02116-6240
--	--



07232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1051056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

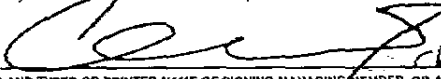
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLANCY, PATRICK E 95 BERKELEY STREET BOSTON, MA 021166240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORAN, CHARLES M JR. 95 BERKELEY STREET BOSTON, MA 021166240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, WILLIE 95 BERKELEY STREET BOSTON, MA 021166240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATES, BEVERLY J 95 BERKELEY STREET BOSTON, MA 021166240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000169192

08/02/04-80014-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **Charles M. Moran, Jr., Manager** 7/27/04 617 695 9595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #