

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000004974

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



04102006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1051056

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME CLANCY, PATRICK E  
STREET ADDRESS 95 BERKELEY STREET  
CITY- ST- ZIP BOSTON, MA 021166240

TITLE MGR  
NAME MORAN, CHARLES M JR.  
STREET ADDRESS 95 BERKELEY STREET  
CITY- ST- ZIP BOSTON, MA 021166240

TITLE MGR  
NAME JONES, WILLIE  
STREET ADDRESS 95 BERKELEY STREET  
CITY- ST- ZIP BOSTON, MA 021166240

TITLE MGR  
NAME BATES, BEVERLY J  
STREET ADDRESS 95 BERKELEY STREET  
CITY- ST- ZIP BOSTON, MA 021166240

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U000000508989  
04/28/06-80017-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Charles M. Moran, Jr. 4/14/06

Date

Daytime Phone #

617-695-9555