200	1 UNIFORM BUS	INESS REPU	NI (UD	n,	•			
DOCUMENT # M00000001272 1. Entity Name					FILED			
TA RICH LLC					01 MAY -1 PM 5: 15			
Principal Place of Business C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109		Mailing Address C/O TA ASSOCIATES REALTY 28 STATE STREET: 10TH FLOOR BOSTON, MA 02109			SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEIN	A. DAGGGG		Applied For Not Applicable	
Zip	Country	Zip	Country			\$5.00 A Fee Requ		
	6. Name and Address of Current	Registered Agent		7. Nam	e and Address of New Regi	stered Agent		
	DODATION SERVICE SOMBANY		Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Address (P.O. Box Number is Not Acceptable)					
			City			FL Zip Co	ode	
8. The above	e named entity submits this statement for	or the purpose of changing its	egistered office or	r registered agent,	or both, in the State of Florida	1.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signat	ture required when reinstati	ng)	DATE		
			WIII FEE IS \$		*************************************	0101100- 5.00 ****	016	
9.	MANAGING MEMB	ERS/MEMBERS	10.		ADDITIONS/CH	ANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUANE, MICHAEL A 28 STATE ST., 10TH FL. BOSTON, MA 02109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REALTY ASSOCIATES ADVISORS LLC C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEGEL, ARTHUR I 28 STATE ST., 10TH FL. BOSTON, MA 02109	∑ Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	•		☐ Chango	e 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chango	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Change	e 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e Addition	
TITLE NAME 4 STREET ADDRESS' CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Change	: Addition	
indicated limited lia By: Re	certify that the information supplied with on this report is true and accurate and ibility company or the receiver or trustee alty Associates Advisors I	that my signature shall have to empowered to execute this real LC, manager; By: Real	ne same legal effe eport as required to alty Associa	et as if made under by Chapter 608, Flo stes Advisors	oath; that I am a managing rida Statutes. Trust, sole member	member or manag	ger of the	
SIGNAT	SIGNATURE AND TYPED ON PRINTED NAME OF			Assistant Sec PREPRESENTATIVE	retary 4/20/01 (Daytime Phone #		