## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am Secretary of State ברבו ססססססס שרבו שרבו שלסססססס 05-07-2002 90393 023 \*\*\*\*50.00 1. Entity Name TA RICH LLC 956128 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address c/o TA Associates Realty c/o TA Associates Realty Suite, Apt. #, etc. Suite, Apt. #, etc. 28 State Street, 10th Floor DO NOT WRITE IN THIS SPACE 28 State Street, 10th Floor City & State City & State 4. FEI Number Boston, MA Applied For Boston, MA 04-3388906 Not Applicable Zip Country Country 02109 5. Certificate of Status Desired \$5.00 Additional USA 02109 USA Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1201 Hays Street City Tallahassee -2525 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE TITLE Realty Associates Advisors LLC NAME NAME 28 State Street, 10th Floor STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Boston, MA 02109 CITY-ST-ZIP TITLE mr. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP " TITLE . IN THIS SPAC NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 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 By: Realty Associates by Realty Associates Advisors Trust, sole member

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