

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M00000001272

1. Entity Name  
TA RICH LLC



Principal Place of Business  
28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109

Mailing Address  
28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109

**FILED**  
04 MAR 25 PM 5:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02202004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number  
04-3388906

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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, 2004**

**500031188205**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REALTY ASSOCIATES ADVISORS LLC 28 STATE ST., 10TH FL. BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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.

**SIGNATURE:**

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

Realty Associates Advisors LLC Mgr. by Realty Associates  
Advisors Trust by Michael Ruane, Tr. 3/18/04

Date

Daytime Phone 617 476 2700



# MO00000001272

ACCOUNT NO. : 072100000032

REFERENCE : 520528 4304937

AUTHORIZATION :

COST LIMIT : \$ 50.00

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04 MAR 25 PM 5:35  
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TALLAHASSEE, FLORIDA

ORDER DATE : March 24, 2004

ORDER TIME : 11:57 AM

ORDER NO. : 520528-045

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst  
Mintz, Levin, Cohn, Ferris,  
One Financial Center

Boston, MA 02111

*PL*  
*BR*

ANNUAL REPORT FILING

NAME: TA RICH LLC

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TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS:

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