## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # M00000001280** 

VRS/TA ASSOCIATES LLC



Principal Place of Business

% TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109

Mailing Address

% TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109



FILED 04 MAR 25 PM 5: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA



02202004 No Chg-LLC

CR2E083 (10/03)

4. FE) Number 04-3392467

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

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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, typed or printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301-2525

1201 HAYS STREET

000031188170

MANAGING MEMBERS/MANAGERS 9. MGR TITLE TA RICH LLC NAME STREET ADDRESS 28 STATE ST., 10TH FL **BOSTON, MA 02109** CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath; 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.

TA Rich LLC, Mgr. by Realty Associates Advisors, LLC, Mgr.

By Realty Associates Advisors Trust by

NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/ 18/04

617 476 2700

Daytime Phone #

ACCOUNT	NO.
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072100000032

REFERENCE

520528 480493

AUTHORIZATION

COST LIMIT

\$ 50.00

ORDER DATE: March 24, 2004

ORDER TIME : 3

11:56 AM

ORDER NO. :

520528-040

CUSTOMER NO:

4304937

CUSTOMER:

Anne T. Leland, Legal Asst

Mintz, Levin, Cohn, Ferris,

One Financial Center

Boston, MA 02111

## ANNUAL REPORT FILING

NAME:

VRS/TA ASSOCIATES LLC

XX \_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: