

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001280

1. Entity Name  
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

*DR*

FILED  
05 MAR 10 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02092005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number  
04-3392467

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TA RICH LLC  
28 STATE ST., 10TH FL  
BOSTON, MA 02109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500048136275

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IN THIS SPACE**

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. **TA Rich LLC - Manager**

By: Realty Associates Advisors LLC, Its Mgr. by Michael Ruane, Member

SIGNATURE: *Michael Ruane*

2/28/05 617 476 2700

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

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

**M00000001280**

ACCOUNT NO. : 072100000032

REFERENCE : 246634 4304937

AUTHORIZATION :

*Patricia Pizuto*

COST LIMIT : \$ 50.00

ORDER DATE : March 8, 2005

ORDER TIME : 10:02 AM

ORDER NO. : 246634-035

CUSTOMER NO: 4304937

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

Boston, MA 02111

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: VRS/TA ASSOCIATES LLC

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DIVISION OF CORPORATIONS  
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: Heather Chapman - Ext.

EXAMINER'S INITIALS: \_\_\_\_\_