## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000000866

1. Entity Name

REALTY ASSOCIATES FUND VILLO



FILED Mar 10, 2008 08:00 AN Secretary of State

Principal Place of Business

C/O TA ASSOCIATES REALTY 28 STATE ST., 10TH FLOOR BOSTON, MA 02109 Mailing Address

C/O TA ASSOCIATES REALTY 28 STATE ST., 10TH FLOOR BOSTON, MA 02109



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
04-3463139	Not Applicable
	£5.00

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

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8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both	a, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	OATE
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REALTY ASSOCIATES ADVISORS, LLC 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109		U00000851467 03/25/08-80040-025 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Willelku

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

2/20/08 617-476-270C

Daytime Phone #