

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002151

1. Entity Name  
PRIM FLEMING WAREHOUSE, LLC



**FILED**

04 MAR 25 PM 5:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109

Mailing Address

28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202004

Chg-LLC

CR2E083 (10/03)

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: *Michael Ruane* TA Realty LLC, Mgr. by Realty Associates Advisors LLC, Mrg.  
By Realty Associates Advisors Trust, Mbr. 3/1/04

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

Date

Daytime Phone # 617 476 2700

By Michael Ruane, Trustee



CORPORATION SERVICE COMPANY

# MO2000002151

ACCOUNT NO. : 072100000032

REFERENCE : 520528 4304937

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : March 24, 2004

ORDER TIME : 11:56 AM

ORDER NO. : 520528-035

CUSTOMER NO: 4304937

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

Boston, MA 02111

ANNUAL REPORT FILING

NAME: PRIM FLEMING WAREHOUSE, LLC

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: \_\_\_\_\_

FILED  
04 MAR 25 PM 5:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
04 MAR 25 PM 12:50  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA