

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

05 MAR 10 AM 10:27
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000002151					
1. Entity Name PRIM FLEMING WAREHOUSE, LLC					
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		02092005 Chg-LLC CR2E083 (10/03)	
4. FEI Number APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TA REALTY, LLC 28 STATE STREET, 10TH FL BOSTON, MA 02109 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	500048138435 <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Realty, LLC, its Manager by Michael A. Ruane, Its President and CEO					
SIGNATURE: <i>Michael A. Ruane</i>				2/28/05 617 476 2700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	



CORPORATION SERVICE COMPANY

M02000002151

ACCOUNT NO. : 072100000032

REFERENCE : 246634 4304937

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 50.00

ORDER DATE : March 8, 2005

ORDER TIME : 10:11 AM

ORDER NO. : 246634-065

CUSTOMER NO: 4304937

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

Boston, MA 02111

BK

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: PRIM FLEMING WAREHOUSE, LLC

RECEIVED
05 MAR 10 AM 10:54
DEPARTMENT OF REVENUE
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. 2908

EXAMINER'S INITIALS: _____