


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000003611 1. Entity Name PRIM SUMMER COVE LLC	
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Principal Place of Business C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109 US	Mailing Address C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109 US
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DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TA REALTY, LLC 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100048136391

**DO NOT WRITE
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 Realty, LLC, Mgr. by Michael A. Ruane, its President and CEO

SIGNATURE: Michael A. Ruane 2/24/05 617 476 2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
05 MAR 10 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02092005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0338735	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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CORPORATION SERVICE COMPANY

M03000003611

ACCOUNT NO. : 072100000032

REFERENCE : 246634 4304937

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 50.00

ORDER DATE : March 8, 2005

ORDER TIME : 10:11 AM

ORDER NO. : 246634-060

CUSTOMER NO: 4304937

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

Boston, MA 02111

BK

FILED
05 MAR 10 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
05 MAR 10 AM 10:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: PRIM SUMMER COVE LLC

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: _____