

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000003611

1. Entity Name
PRIM SUMMER COVE LLC



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**

FILED
06 MAR 24 PM 5:28
CLERK OF THE STATE
TALLAHASSEE FLORIDA



02022006No Chg-LLC

CR2E083 (11/05)

3/24

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4. FEI Number
20-0338735

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 \$20 is applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

200068654042

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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IN THIS SPACE**

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.

TA Realty LLC, Manager By:

SIGNATURE: Michael Ruane, Authorized Person

Michael Ruane

3/21/06 617-476-2700

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

Date

Daytime Phone #

M. HODGES



ACCOUNT NO. : 072100000032

REFERENCE : 940264 4304937

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 50.00

ORDER DATE : March 24, 2006

ORDER TIME : 12:48 PM

ORDER NO. : 940264-025

CUSTOMER NO: 4304937

ANNUAL REPORT FILING

NAME: PRIM SUMMER COVE LLC

06 MAR 24 PM 2:48
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____

Please Note: Client is aware that the annual report is not necessary but still wishes to file.

Thx.
[Signature]