

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 03 DEC 22 PM 3:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M99000000267

Name and Mailing Address

0015203 01 MB 0,309 \*\*AUTO T7 0 0615 02109-177510



TAWESTERN, LLC  
 C/O TA ASSOCIATES REALTY  
 28 STATE STREET, 10TH FLOOR  
 BOSTON MA 02109-1775



*BK*

2. New Mailing Address  City, State, Zip		4. State/Country of Formation DE	
Principal Place of Business C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON MA 02109		5. Date Organized or Qualified To Do Business in Florida 02/24/1999	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 04-3425433	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date <u>12-19-2003</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	REALTY ASSOCIATES ADVISORS LLC	28 STATE STREET, 10TH FLOOR	BOSTON MA 02109
			100025681441
			<b>REINSTATEMENT 2003</b>
			<i>BK</i>

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *[Signature]* Date 11/30/03 Daytime Phone # 617 476 2700

**Richard G. Egan, Jr., Sr. VP, Treasurer and Secretary**

Typed or printed name of signing Managing Member/Manager

CR2ECB4 (7/03)



CORPORATION SERVICE COMPANY

# M99000000267

ACCOUNT NO. : 072100000032

REFERENCE : 368435 4304937

AUTHORIZATION :

*Patricia Pigeot*

COST LIMIT : \$ 150.00

ORDER DATE : December 19, 2003

ORDER TIME : 9:50 AM

ORDER NO. : 368435-005

CUSTOMER NO: 4304937

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

Boston, MA 02111

REINSTATEMENT

NAME: TA/WESTERN, LLC

*BK*

XX REINSTATEMENT

RECEIVED  
03 DEC 22 AM 10:50  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS \_\_\_\_\_