## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



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

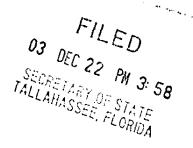
1. DOCUMENT #

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





			71	<u>:</u>		
2. New Ma	ailing Address	/=	4. State/Count	•		
City, State, Zip				5. Date Organized of Qualified To Do Business in Florida 02/24/1999		
Principal Place of Business C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON MA 02109		3. New Principal Place of Busines	ss Address	6. FEI Number 04~3425433		Applied For Not Applicable
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED . S5.00 Additional Fee required for a Certificate of Status		
	8. Name and Address of Current I	Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY			Name			
1201 HAYS STREET TALLAHASSEE FL 32301-2525			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 Date  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/Mana			City / State / Zip	
MGR	REALTY ASSOCIATES ADVISORS LLC	28 STATE STR	EET, 10TH FLOOR -		BOSTON MA 02109	
	·			<u>j</u>	.000256	31441
		`				
PENSTATEMENT 2003						
				MK		
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						

Signature of Managing Member/Manage

Typed or printed name of signing Ma/aging Member/Manager

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 name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed liability company name satisfies the req

Date 11/30 /03 Daytime Phone #\_

617 476 2700

Treasurer and Secretary

ACCOUNT NO.

072100000032

REFERENCE :

368435 4304937

AUTHORIZATION :

COST LIMIT :

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

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS