2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000267

1. Entity Name TAWESTERN, LLC

Principal Place of Business

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

Mailing Address

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





02092005 No Chg-LLC

CR2E083 (10/03)

617 476 2700

Daytime Phone #

4.	FEI Number
	04-3425433

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

SIGNATURE:

DO NOT WRITE

TALLAHAS	SSEE, FL 32301-2525	IN THIS SPACE
	named entity submits this statement for the purpose of changing it ions of registered agent.	is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO	TE: Registered Agent signature required when reinstating) OATE
F	iling Fee is \$50.00 ue by May 1, 2005	
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REALTY ASSOCIATES ADVISORS LLC 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109	500048136355
TITLE NAME Street Address City-St-Zip		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
indicated	certify that the information supplied with this filing does not qualify on this report is true and accurate and that my signature shall hav sbility company or the receiver or trustee empowered to execute the	for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am a managing member or manager of the is report as required by Chapter 608, Florida Statutes.

Realty Associates Advisors LLC, Manager by Michael Ruane, Member

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

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REFERENCE

246634

AUTHORIZATION

ORDER DATE: March 8, 2005

ORDER TIME : 10:05 AM

ORDER NO. : 246634-050

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst

Mintz, Levin, Cohn, Ferris,

One Financial Center

Boston, MA 02111

NAME:

TA WESTERN, 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: