### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # M99000000267**

1. Entity Name TAWESTERN, LLC



Principal Place of Business

SIGNATURE:

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

## FILED Jun 29, 2007 8:00 am Secretary of State

06-29-2007 90025 005 \*\*\*\*50.00

40122271



05242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
04-3425433		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional quired

## 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

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 title if applicable.	(NOTE: Registered A	(gent signature required when reinstating)	DATE	
Fil Due I	ling Fee is \$50.00 by September 14, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REALTY ASSOCIATES ADVISORS LLC 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO N	IOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN TI	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS					

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Michael Ruane

5/25/07

617 476 2700

Daytime Phone #