## 2006 LIMIZED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M9900000509

REALTY ASSOCIATES ADVISORS LLC



**FILED** Apr 06, 2006 08:00 AM Secretary of State

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



02022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3101169

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Realty Associates Advisors Trust, Manager By:

SIGNATURE: Michael Ruane, Trustee McLad - L. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

the obligations of registered agent

STREET ADDRESS CITY-ST-ZIP

DO	NC	)T V	VR	TE
IN.	THI	S S	PA	CE

्राक्ष्यास्थ्रास्त्राच्याः स्टब्स् १८००

3/21/06

617 476 2700

Omitime Phone is

SIGNATURE	Signature, typed or printed name of registered agent and title II applicable	(NOTE, Registered Agent signature required when reinstating)  DATE				
F	Filling Fee is \$50.00 Due by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REALTY ASSOCIATES ADVISORS TRUST 28 STATE STREET, 10TH FLOOR 80STON, MA 02109	<u> </u>				
title Name Street Adoress City-St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE				
TITLE NAME STREET ACORESS CHY-ST-ZIP		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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

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