

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M99000001712

1. Entity Name
VRS DORAL 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

FILED
04 MAR 25 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02202004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
04-3481401

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
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 Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

800031187938

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VRS/TA ASSOCIATES LLC
28 STATE STREET, 10TH FLOOR
BOSTON, MA 02109

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TA Rich LLC, Mgr. by Realty Associates Advisors LLC
Its Mgr. by Realty Associates Advisors Trust, Member

SIGNATURE:

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

Michael Ruane, Trustee

3/18/04

Daytime Phone 617 476 2700



M94000001712

ACCOUNT NO. : 072100000032

REFERENCE : 520528 4304937

AUTHORIZATION :

Patricia Pigott

COST LIMIT : \$ 50.00

FILED
MAR 25 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 24, 2004

ORDER TIME : 11:58 AM

ORDER NO. : 520528-050

CUSTOMER NO: 4304937

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

Boston, MA 02111

ANNUAL REPORT FILING

NAME: VRS DORAL LLC

hje

RECEIVED
MAR 25 PM 12:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____