

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
05 MAR 10 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M99000001712</b>	
1. Entity Name <b>VRS DORAL LLC</b>	

Principal Place of Business <b>C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109</b>	Mailing Address <b>C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109</b>
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02092005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3481401</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM VRS/TA ASSOCIATES LLC 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**100048136541**

**DO NOT WRITE  
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. **VRS/TA Associates LLC, MGRM By: TA Rich LLC Mgr. By Realty Associates Advisors LLC, its Mgr. by Michael Ruane**

**SIGNATURE:** Michael Ruane **2/24/05 617 476 2700** Member

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

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

M99000001712

ACCOUNT NO. : 072100000032

REFERENCE : 246634 4304937

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 50.00

ORDER DATE : March 8, 2005

ORDER TIME : 10:15 AM

ORDER NO. : 246634-090

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

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: \_\_\_\_\_

FILED  
05 MAR 10 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 MAR 10 AM 10:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA