

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**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**



02022006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 resigning)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**D. MANAGING MEMBERS/MANAGERS**

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

U00000495075  
04/20/06-80070-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

**VRS/TA Associates LLC, Sole Member By: TA Rich LLC, Manager By: Realty Associates Advisors LLC**

**By: Realty Associates Advisors Trust**

**SIGNATURE: By: Michael Ruane, Trustee**

3/21/06

617 476 2700

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

Date

Daytime Phone #