

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1300000389

**Entity Name:** TA ASSOCIATES REALTY LLC

**Current Principal Place of Business:**

28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109

**Current Mailing Address:**

28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109

**FEI Number:** 04-3341880

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name RUANE, MICHAEL A  
Address 28 STATE STREET  
City-State-Zip: BOSTON MA 02109

Title MGR  
Name BUCKINGHAM, JAMES O  
Address 28 STATE STREET  
City-State-Zip: BOSTON MA 02109

Title MGR  
Name LANDRY, THOMAS E  
Address 28 STATE STREET  
City-State-Zip: BOSTON MA 02109

Title MGR  
Name KAZAMA, TOSHIHIKO  
Address 28 STATE STREET  
City-State-Zip: BOSTON MA 02109

Title MGR  
Name NAKAJIMA, ATSUSHI  
Address 28 STATE STREET  
City-State-Zip: BOSTON MA 02109

Title MGR  
Name SAKAGAWA, MASAKI  
Address 28 STATE STREET  
City-State-Zip: BOSTON MA 02109

Title MANAGER  
Name KUWABARA, NAOKI  
Address 28 STATE STREET  
City-State-Zip: BOSTON MA 02109

Title MANAGER  
Name INAGAWA, JUNJI  
Address 28 STATE STREET  
City-State-Zip: BOSTON MA 02109

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL A. RUANE

**MANAGER**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title MEMBER  
Name REALTY ASSOCIATES ADVISORS TRUST  
Address 28 STATE STREET, 10TH FLOOR  
City-State-Zip: BOSTON MA 02109