

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JAN 22 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **B99000000261**

1. Name of Limited Partnership

Heritage Property Investment Limited Partnership

2. Principal Office Address

535 Baylston Street

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Boston MA

City & State

Zip

02116

Country

Zip

Country

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
<i>Heritage Property Investment Trust, INC.</i>	<i>535 Baylston Street</i>	<i>Boston MA 02116</i>	<i>F99000003451</i>
			<i>500004833595--9</i> <i>-01/29/02--01031--007</i> <i>***2061.25 ***2061.25</i>

REINSTATEMENT *2001-2002*

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Patrick Sullivan

Asst Treasurer of Heritage Property Investment Trust
General Partner of Heritage Property Investment LP

DATE

1/16/2002

Typed or Printed Name of General Partner Signing Form

Patrick Sullivan

Telephone Number

617-242-2200

CR2E039 (9/01)