

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



4-22-96
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003085 (6)
1. Corporation Name
ADVENT REAL ESTATE INVESTMENT TEXAS CORPORATION



Principal Place of Business: C/O TA ASSOCIATES, 45 MILK STREET, BOSTON MA 02109
Mailing Address: C/O TA ASSOCIATES, 45 MILK STREET, BOSTON MA 02109

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 06/26/1995
3a. Date of Last Report
4. FET Number: 04-3257254
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.0604, Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C [DELETE]	1. TITLE	[Change] [Addition]
NAME	RUANE, MICHAEL A	2. NAME	
STREET ADDRESS	C/O TA ASSOCIATES REALTY, 45 MILK STREET	3. STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	4. CITY-ST-ZIP	
TITLE	PD [DELETE]	5. TITLE	[Change] [Addition]
NAME	SEGEL, ARTHUR	6. NAME	
STREET ADDRESS	C/O TA ASSOCIATES REALTY, 45 MILK STREET	7. STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	8. CITY-ST-ZIP	
TITLE	D [DELETE]	9. TITLE	[Change] [Addition]
NAME	POSTERNAK, NOEL	10. NAME	
STREET ADDRESS	C/O POSTERNAK ET AL, 100 CHARLES RIVER PLZ	11. STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	12. CITY-ST-ZIP	
TITLE	V [DELETE]	13. TITLE	[Change] [Addition]
NAME	NEHER, ANDREW M	14. NAME	
STREET ADDRESS	C/O TA ASSOCIATES REALTY, 45 MILK STREET	15. STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	16. CITY-ST-ZIP	
TITLE	T [DELETE]	17. TITLE	[Change] [Addition]
NAME	DEGAETA, ROBERT A	18. NAME	
STREET ADDRESS	C/O TA ASSOCIATES REALTY, 45 MILK STREET	19. STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	20. CITY-ST-ZIP	
TITLE	[DELETE]	21. TITLE	[Change] [Addition]
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or as an attachment with an affidavit.

SIGNATURE: [Signature] Arthur I. Segel
DATE: 4/12/96
617-338-4300

CR2E034 (12/95)