2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M05000000034

1. Entity Name

BERKSHIRE PROPERTY ADVISORS, L.L.C.



FILED Mar 29, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

C/O THE BERKSHIRE GROUP, ATTN: LEGAL DEPT. ONE BEACH STREET, SUITE 1500 BOSTON, MA 02108

DO NOT WRITE IN THIS SPACE

C/O THE BERKSHIRE GROUP, ATTN: LEGAL DEPT ONE BEACH STREET, SUITE 1500 BOSTON, MA 02108



03162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 35-2175857

Applied Fc. Not Applic.

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of char ions of registered agent. | nging its registered office or registered agent, or both, in the St | tate of Florida. I am familiar with, and a |
|--|--|---|--|
| SIGNATURE_ | | | |
| Signature, typed or printed name of registered agent and title it applicable | | (NOTE, Registered Agent signature required when reinstating) | DATE |
| Fi Di | ling Fee is \$50.00 ue by May 1, 2006 | | |
| 8. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BPA MANAGER, INC. ONE BEACON STREET, SUITE 1500 BOSTON, MA 02108 | | |
| TITLE NAME STREET ADDRESS CITY-ST-21P | | | MARCESTE Es SUUS US SULUS |
| Title Name Street address City-St-Zip | | DO NO | Γ WRITE |
| name Street address City-St-Jip | | IN THIS | SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Claire F. Umanzio Asst. Treasurer