2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 30, 2008 08:00 AM Secretary of State

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1. Entity Name

BERKSHIRE PROPERTY ADVISORS, L.L.C.



Principal Place of Business

Mailing Address

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

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



04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	• •		Applied For
35-2175857		1	Not Applicable
5. Certificate of Status Desired			0 Additional

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301-2525			IN THIS SPACE	
8. The above the obligat	tions of registered agent.	anging its registere	d office or registered agent, or both, in the State of Florida. If am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)		
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS MGR			
TITLE NAME.	BPA MANAGER, INC.			
STREET ADDRESS	ONE BEACON STREET, SUITE 1500			
CITY-ST-ZIP	BOSTON, MA 02108			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	
TITLE				
NAME STREET ADDRESS				
CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		7.0		

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 requirer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> Claire F. Umanzio Asst. Treasurer

APR 2 8 2003

417.523.7722

SIGNATURE AND TYPED OR PRINTED NAME OF S

Date

Davime Phone #