

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P34510 (8)

1. Corporation Name
BERKSHIRE REALTY COMPANY OF DELAWARE



Principal Place of Business
470 ATLANTIC AVENUE
BOSTON MA 02210

Mailing Address
470 ATLANTIC AVENUE
BOSTON MA 02210-2208

3. Date Incorporated or Qualified: 06/27/1991
3a. Date of Last Report: 05/01/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	04-3086485	Not Applicable
22	22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	Zip	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GERBER, LAURENCE 470 ATLANTIC AVENUE BOSTON MA	1.1 TITLE	D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	GERBER, LAURENCE	1.2 NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	
TITLE	PVT FRANK APESECHE 470 ATLANTIC AVENUE BOSTON MA	2.1 TITLE	P DAVID MARSHALL 470 ATLANTIC AVE BOSTON MA 02210 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	FRANK APESECHE	2.2 NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	
TITLE	SVPC PRITCHARD, MARIANNE 470 ATLANTIC AVENUE BOSTON MA	3.1 TITLE	S SCOTT D SPELFOGEL 470 ATLANTIC AVE BOSTON MA 02210 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	PRITCHARD, MARIANNE	3.2 NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	
TITLE	S MOSKOWITZ, DAVID 470 ATLANTIC AVENUE BOSTON MA	4.1 TITLE	AT YARE LAURO 470 ATLANTIC AVE BOSTON MA 02210 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	MOSKOWITZ, DAVID	4.2 NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 if changed, or on an attachment with an address.

SIGNATURE: FRANK APESECHE (REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YARE LAURO
ASST TREASURER
Date: APR 22 1997
Daytime Phone # 0000782

CR2E034 (9/96)